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## ORIGINAL COMMUNICATIONS.

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*Report of Twenty-seven cases of Puerperal Peritonitis.* By  
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*Philadelphia Hospital, March 16, 1856.*

DR. HOLLINGSWORTH:—

In the annexed report of twenty-seven cases of puerperal peritonitis, you will find a full history of the disease, from its first appearance in the wards of this hospital up to the present date, including a case that I attended in the family of a friend who lives near the institution.

It is not my object, in making you this communication, to present my own views or speculations upon the nature, pathology and treatment of this form of disease; but simply to detail, as accurately as possible, the facts in the different cases as they occurred, in order that the profession may be put in possession of the material, from which its members may deduce such theoretical and practical truths as the character, progress, treatment and termination of the cases would seem to justify.

The first five cases were under the immediate care of Drs. Eastman and Shreve, who had charge of those wards up to the first of January, and who have furnished me the notes of their observations and treatment. The remainder of the cases that occurred in the house were attended by Drs. Braxton and Black-

ford, as the ward physicians. These gentlemen have given me the report of their cases. But it is proper for me to say that I visited all the patients, either with the assistant physicians or in their absence, and carefully watched the whole course of the disease.

There were, previous to the appearance of puerperal fever, and are still a number of cases of erysipelas in the hospital; but there were none nor had been any in the wards where the fever occurred. There were also 17 other obstetrical patients who occupied the same wards, and many of them adjoining beds to the fever patients, that escaped an attack.

After several of the first cases occurred, I ordered the remaining pregnant women to be removed to wards that had not been occupied by obstetrical patients; and some of them were transferred to rooms in the *medical* department of the hospital, immediately upon their admission to the house. This department is in a separate building, more than a hundred feet distant from our obstetrical wards, and where there previously had been no obstetrical cases admitted. These removals, however, had no effect in arresting the progress of the disease; it followed the patients wherever they went, until finally I was induced to discharge from the house every woman who could procure in the city, among their friends or outside of the institution, accommodations during confinement.

There is one other fact worthy of note that I will mention in this connection, and that is, that nearly every child of women having puerperal fever died in convulsions.

CASE I. Mary Lacey, a slight, rather delicate looking woman, but in good health; born in Ireland; aged 21; married; delivered Dec. 11th, A. M.; duration of labor  $18\frac{1}{2}$  hours; first child; had hour glass contraction and slight adherence of placenta. Saw her at 11 A. M., 13th; had a chill during the previous night, followed by fever and pain in the lower belly; no sleep; restless; lies upon her back; legs extended; complains of pain from pressure upon hypogastrium; skin hot; face flushed; headache and thirst; anorexia; pulse small and quick, 130; not noticeably corded; tongue moist, with a slight coating of white fur.

Sat her up in bed and opened a vein; after drawing about 25



ounces without producing faintness, and the blood failing to run freely, opened a vein in the other arm and drew five additional ounces, when her face blanched and she became faint. Ordered calomel grs. x., to be followed in four hours by ol. ricini fʒj. and poultices constantly applied to the abdomen. At 7 P. M. pain much relieved; can turn upon her side; bowels freely opened; pulse soft, 106; face pale. Ordered calomel grs. iv., pulv. opii grs. ii., every three hours; arrow root for diet.

14th, 11 A. M.—Still pain; has slept; pulse risen to 130, weak; abdomen tympanitic. Ordered 150 leeches to abdomen; continue treatment. After leeching had no further pain, but tympanitis greatly increased; had a deep hectic flush; lay in a half dreamy state, talking occasionally, and when spoken to rousing up, but not able to fix her wandering eyes immediately upon the physician's face.

15th.—Spongy gums, slight ptyalism; discontinued medicine; continued poultices.

16th.—A profuse foetid diarrhoea came on, with vomiting of frothy, greenish matter, which nothing checked. Died the 17th; no autopsy. Child died the 21st of convulsions.

CASE II. Mary McKeown, a raw-boned, slight woman, apparently of good constitution; born in Ireland; aged 22; single; first child; delivered Dec. 11th; labor 12 hours. Saw her on the 13th, immediately after bleeding case No. 1. Had been seized with pain in right iliac region some time that morning; complaining greatly; lies on back, legs extended; flinches upon the slightest pressure over the seat of pain; skin moderately warm; face not flushed, rather an anxious expression; pulse moderately full, soft, 120. Sat her up in bed and bled her about fʒxvi.; she became faint; gave her 10 grs. calomel, to be followed in four hours by an ounce of castor oil; ordered poultices to the abdomen. At 7 P. M. cool, quiet; pulse still frequent. Prescribed calomel grs. vj., opium grs. ii. every three hours.

14th.—Has more fever than yesterday; great tenderness over hypogastrium. Bled her again ʒxvj. and applied 100 leeches to the seat of pain. 7 P. M., covered abdomen with a blister; has not reacted from bleeding; pain continued, sinking rapidly.

15th.—Diarrhoea came on, frequent, copious, black and foetid, accompanied by vomiting of greenish frothy matter; slight tym-

panitis appeared twelve hours before death, which occurred on the morning of the 16th, after 12 hours of frightful agony, which no amount of opium would alleviate.

*Autopsy ten hours after death.*—Slight prominence of abdomen, caused by effusion of purulent serum. Masses of pure pus; an ounce or two lying on anterior face of uterus and right ovary; peritoneum slightly, if any, injected, but glazed by a pasty matter that seemed to extend over the entire surface. Intestines somewhat more injected than parietal peritoneum; covered by same exudation. Internal surface of uterus healthy; tissue of uterus firm; color reddish-white; blood coagulated in iliac veins apparently healthy.

Child died of convulsions.

CASE III. Ann Kelly, a large, florid, stout, healthy woman; born in Ireland; aged 23; widow; third pregnancy. Had been transferred from women's venereal wards, where she had been treated for non-indurated chancre. No constitutional treatment had been resorted to. Confined Dec. 13th, M.; suffered from apparent after-pains during the night, which were relieved by an opiate.

14th.—Looks well; pulse quiet; was moved into a damp ward.

15th.—Had light pains in abdomen last night; gone this morning; no pain upon pressure; pulse quiet.

16th, 11, A. M.—Was attacked last night with violent pains in lower belly, extending up the right side to the ribs; skin cool, moist; pulse small, 130; countenance pale and anxious; complains of intense pain of abdomen; cannot bear the slightest pressure. Sat her up in bed and bled her thirty ounces before she became faint; to take immediately 5 grs. calomel and one of morphia. At 7, P. M., pain almost gone; has slept; lies upon her side; skin warm; countenance free from the anxious expression; pulse full and soft, about 100. To take cal. vi. grs., opium iv. grs., every three hours during the night.

17th, 11, A. M.—Has taken 24 grs. opium and 36 of calomel since last night; slept pretty well; condition much as last night; very little pain in the abdomen upon pressure.

18th, 11, A. M.—Slept at intervals; got out of bed and wandered about in search of water; has pain in right side with some



difficulty of breathing; percussion dull over lower half of right lung; respiration almost absent, with diminished pectoral resonance; fine crepitation in anterior inferior border of left lung.

19th, 11, A. M. Tympanitis having been gradually coming on, is now excessive. Pulse exceedingly frequent, countenance haggard; blue circles around the eyes; all the symptoms aggravated. She gradually sunk and died on the 21st, after suffering from intense dyspnoea, thoracic and abdominal pain, and incapability of lying down.

The pleurisy was treated with dry cups, blisters, dressed with 6 grs. sulph. morphia, frequently repeated. A similar diarrhoea and vomiting came on previous to death, as occurred in the other cases, which could not be relieved by treatment.

*Post. Mort. Sixteen hours after death.*—Great distension of abdomen. Upon opening the cavity of the peritoneum, there was copious effusion of bloody purulent serum. Parietal and intestinal surface brightly injected and covered with pasty matter. Every portion of the abdomen implicated; external uterine surface for about a line in depth softened; the other portions firm, bluish white; internal surface healthy; uterine sinuses healthy, iliac veins healthy, blood coagulated in them. Intense inflammation of whole right pleura, with about three pints of purulent bloody serum effused; lower half of left pleura inflamed, and about a pint of similar effusion. About one half of lower left lung hepatized; the remainder intensely congested, pouring out freely bloody serum upon being cut.

Child died of convulsions.

CASE IV. Bridget Matus, a short, thick set, sanguine woman; of good constitution; born in Ireland; aged 35; married; 1st child; delivered December 17th; duration of labor 18 hours.

19th, 11, A. M. Had a chill last night, followed by fever and intense pain in the lower belly. Skin hot and dry; face flushed; pulse full and strong 125. Has great pain in abdomen upon pressure; can feel the enlarged uterus, which is exquisitely tender to the touch. Sat her up in bed and bled her by a copious jet,—the largest I have yet seen flow from a vein,—at least forty ounces before she became faint. Purged her with calomel and salts; and prescribed calomel and opium. Her pain ceased

after the bleeding, and she could in a short time turn over on her side. Abdomen moderately tympanitic; her pulse fell below 100. Treatment continued, and in about five days ptyalism came on without further striking phenomena. Her convalescence was rapid. Child died in its second week of convulsions.

CASE V. Rebecca Montgomery, a healthy woman; born in Ireland; aged 24; married; 1st child; duration of labor seventeen hours. Forceps were applied after the head remained eight hours in the cavity of the pelvis; the patient evincing very considerable prostration; child still-born, weight 10 lbs., boy; delivered on the 20th.

23d. Was seized with a chill and intense pain in lower portion of abdomen; greatly increased upon pressure. Skin hot and dry; face flushed; pulse 120, small, moderately firm; was bled immediately f.  $\frac{3}{4}$ xxx. with relief to local symptoms. Purged with calomel and oil, and calomel and opium given every three hours. Ptyalism came on about the sixth day to a slight degree. Weak, frequent pulse; patient evidently depressed; dry, brown tongue, but no symptoms referable to the abdomen. Gave her quinine and the most nutritious diet. A profuse and extremely foetid discharge took place from the vagina, and upon examination found an aggravated vaginitis, which seemed confined to its lower portion. The whole pudenda swollen and intensely painful. Under injections of chlorinated soda, this inflammation subsided. On the 30th, she was seized with erysipelas of the face, and transferred to the medical wards, where under a tonic and stimulating treatment she slowly recovered.

The children of Mary Lacey and Bridget Matus, died of convulsions in the ward. Those of Mary McKeown and Ann Kelley, were transferred to the nursery, where they also died.

In none of these women was there a greater suppression of the milk than would have been referable to the treatment. The lochia was not in either case entirely suppressed, nor materially changed in character.

From the 11th, when the first case was delivered, until the delivery of case No. 5, on the 20th, five other women were confined and placed in the same and contiguous wards, but escaped the disease. The five cases of fever, above reported, were



placed at first in one ward, three of them on one side, in adjoining beds.

The blood drawn from these patients had moderately soft and large coagula, without the buffy coat, and the serum was greenish yellow.

CASE VI. Mary Lynch, asthenic; born in Ireland; æt. 20; married; 2d child; delivered January 1st.

4th. Had high fever; pulse 120. Hot, dry skin; pain in the iliac region, and slight tympanitis. Bled her  $\text{℥xx.}$  and gave 10 grs. calomel, with a grain of opium, followed by oil. Applied hot fomentations to the abdomen, continuously; ordered calomel and opium, each a grain, and  $\frac{1}{2}$  grain of p. ipecac. every two hours, which was continued for two days.

6th. Vomiting commenced; pain subsided; had a severe cough, for which syr. ipecac. senega and liq. morph. in mixture were prescribed. Breath and sputa had a gangrenous odor, the treatment was continued with but slight change in the patient until the 8th, when she sank rapidly and died on the 9th.

*Autopsy.*—Found more than a quart of pus in the abdominal cavity, with traces of considerable peritoneal inflammation. The internal walls of the uterus were in a gangrenous state. Child died in convulsions.

CASE VII. Margaret Kelly, small, healthy woman; born in Ireland; æt. 20; delivered on the 28th of Dec.; married; easy labor. Taken on the eighth day of confinement with acute pains in the abdomen; hectic flush; anxious expression; pulse 132; blood drawn to the extent of  $\text{℥xxvj.}$ ; blood cupped and buffy; hot poultices constantly applied to abdomen; gave 10 grains calomel, followed by oil, and ordered calomel 1 gr., opium  $\frac{1}{2}$  gr., and ipecac.  $\frac{1}{4}$  gr., every hour; bleeding relieved the pain; began to sink next morning, and put her on brandy punch. She died in 36 hours after the attack.

*Autopsy.*—Uterus gangrenous; considerable congestion of peritoneum; fully a quart of pus in the peritoneal cavity.

Child died in convulsions a few days after its mother. No unpleasant symptom appeared in this case until the 8th day, and she died on the 10th.

CASE VIII. Mary Ann Hood, a stout, healthy woman;

born in Ireland; æt. 19; single; 1st child; delivered in eight hours, Jan. 7th. Easy labor, was quite well until the 12th. Taken with chill, headache and fever in the night. The ward physician saw her early the next morning, pulse 150; respiration above 40; face flushed; abdomen immensely swollen and very tender to the touch; dorsal decubitus, knees drawn up. Bled her  $\text{℥xii}$ . when she fainted; had 10 dozen American leeches applied to the abdomen; gave her 10 grs. of calomel and three of opium, her bowels having been freely opened the night previous. Opium and calomel, each a grain, with a  $\frac{1}{2}$  grain of ipecac. were given every two hours, and she slept well. At the end of two days vomiting came on, and a return of the pain in the abdomen; 8 dozen more leeches were then applied, and the ipecac. withdrawn from the powders. The grain doses of calomel and opium were given every hour, with an occasional dose of 3 grains of opium to relieve her pain. Bled her again to the extent of  $\text{℥xxiv}$ .; bore it well; continued treatment until the morning of the fourth day with but little change, except an arrest of the vomiting, when she was bled a third time. She lost by venesec. and leeching about 84 ounces of blood. After the third day there was an alternate expression of pain and of pleasure in her face. When not in pain she would laugh and express the opinion that she would soon be well, even until within a few hours of her death; wine whey was given during the last 24 hours. She died on the 5th day in great agony.

No autopsy; buried by her friends.

CASE IX. Catharine O'Brien, a stout, healthy woman; born in Ireland; æt. 40; married; 3d child; delivered the 14th at 5 A. M.; labor long and tedious; forceps case; child still-born, weighing 10 lbs.; much exhausted after labor; gave her wine several times; slept a little until 8 A. M.; so much exhausted that wine was administered frequently throughout the day. Dozed occasionally during the night.

15th. Abdomen tympanitic; pulse stronger than yesterday; above 100; not strong enough to justify bleeding. 8 doz. leeches applied to the abdomen. 10 grs. of calomel followed by oil, cal. and opii 1 gr. each every hour. Symptoms improved in the evening; pulse better; slept until 11 P. M.; pains recurred; pulse 110; sat her up in bed and took  $\text{℥xvi}$ . of blood; pulse re-



duced to 95. No pain; hot poultices ordered to abdomen, and gave an opiate. Very little sleep that night. In the morning easy; abdomen exceedingly swollen and tympanitic; pulse hardly perceptible; evidently dying; gave brandy punch; lived nearly three days in this condition; could neither swallow nor sleep; brandy punch injected into the stomach and rectum; died on the 19th in great agony; friends took the body; no autopsy.

CASE X. Mrs. H. A., medium sized, well developed, healthy lady; born in Philadelphia; living near the hospital; æt. 24; 3d child; delivered the morning of the 13th; suffered severely with after pains the first 36 hours; directed for their relief, tr. opii gutt. xl., tr. camph. gutt. lx., three or four times during the day. Diet, cracker panada.

14th. Same condition; no tenderness upon pressure; pulse natural; slept very little last night; looks well; no change in treatment.

15th. Pulse regular; slept none last night; pains violent all night; had hot fomentations applied; lochia suppressed; slight tenderness upon the uterus; prescribed opium grs. xii., camph. grs. xviii., in 12 pills, one every two hours. 9 P. M. Had a chill in the afternoon; violent pain in both iliac regions; pulse 125; skin soft and moist; could not bear the abdomen or iliac regions touched; sat her up in bed and bled her until she fainted; drew about 3xxx.; pulse fell to 95; prescribed R calomel grs. vj., P. opii. grs. ix., tart. antim. gr. ss., nit. potass 3ss., M. ft. chart. No. vj. One every three hours, to be continued through the night; pain relieved by the bleeding; ordered warm poultices to be kept on the abdomen.

16th, 7, A. M. delirious and restless through the night; pulse 112, soft and full; skin cool and clammy; abdomen slightly tympanitic; violent headache; pain still in the lower part of the abdomen, greatly increased upon pressure; countenance anxious; ordered an injection of castor oil and turpentine, which opened the bowels freely, and relieved both the abdominal pain and pain in the head. Continued the prescription of yesterday and the poultices. 9 P. M. Abdomen still tympanitic, very painful when touched; skin moist and cool; pulse 116, soft and weak; vomiting came on during the day; had taken no diet; drank freely of iced water; ordered 12 doz. leeches to the ab-

domen; gave lime water, and applied a spice plaster for the vomiting; prescribed  $\mathcal{R}$  cal. grs. xii., tart. antim. gr. i., P. digitalis grs. ii., P. nit. potass.  $\mathfrak{z}$ ii., M. ft. chart. No. xxiv., one every two hours. Ordered one of the opium and camphor pills if she should be restless.

17th, 7, A. M. Patient much better; leeches relieved the pain; slept tolerably well; pulse 95; skin soft and pleasant; countenance bright; no pain when left undisturbed; continued the powders of yesterday, and the warm poultices. 11 P. M. Still better; no pain on pressure, but slight soreness; no tympanitis; bowels had been opened three or four times during the day by the powders; vomiting gone; slight nausea; otherwise about as I left her in the morning; continued the powders and directed a couple of the opium and camphor pills through the night, should she be restless.

18th, 8, A. M. Slept well; pulse 90; free from pain; very weak; no sickness when still; calomel touching the gums; discontinued all medicine except an opiate at night in case of restlessness or pain. An opiate was given at night and repeated in two hours.

19th, 8, A. M. Still about as yesterday; had no pain and slept some; no treatment directed, except the poultices and opiate pro re nata; substituted for the cracker panada, crackers and weak tea.

20th. Patient convalescing; continued slowly to improve daily, until the end of the third week, under the same diet, with the addition of buttered toast, when the pulse fell to 76, when she was permitted to sit up in bed and have a somewhat better diet.

This patient was subjected to a rigid antiphlogistic treatment up to the end of the third week; after that time her diet was gradually improved, and at the end of the fourth week she was about her chamber, and in a few days thereafter down stairs to her meals.

The secretion of milk was almost suppressed; the lochia was restored about the 20th; the child was not nursed during fever, but the mother nursed it during convalescence, and continued to do so since her recovery. It is a fine, fat, healthy boy, and I think will do well.



Mrs. H. was a patient in the higher walks of life ; surrounded by every comfort and the most careful, watchful nurses. Her temperament is sanguine and nervous ; her constitution good, and her habits active, with the exception of the symptoms peculiar to pregnancy, she rarely complains of ill health.

CASE XI. Eliza Gibson, a tall, thin, delicate woman ; born in Ireland ; æt. 25 ; married ; 2d child ; delivered the 16th, M. At the time of confinement sordes on teeth ; tongue dry and cracked ; pulse 120 ; respiration 28 ; seemed comfortable all day ; labor easy ; lasted two hours.

17th. Slept well all night ; complains much of sore throat this morning ; upon examination found the fauces and upper portion of the larynx inflamed and œdematous, which was relieved by local applications ; pulse 140 and feeble ; no abdominal pain or tenderness whatever ; gave her a grain of opium, which produced sleep ; repeated it at night.

18th. Slept through the night ; complains of slight soreness over the uterus. At 10 A. M. felt a little pain ; saw her again at 12 M. ; pulse 158, tolerably full ; respiration 48 ; took  $\frac{3}{4}$ xxiv. of blood, and put on the abdomen 8 doz. leeches ; opened her bowels with 10 grains calomel, and a dose of oil ; prescribed a grain of calomel and a grain of opium every hour, when awake ; slightly tympanitic ; ordered poultices to the abdomen.

19th. Pain relieved ; tympanitis much increased ; continued the treatment ; in the evening had an injection of castor oil and turpentine, administered without effect ; vomiting commenced ; calomel was suspended ; larger doses of opium ordered ; two and three grains every half hour, until narcotism was produced.

20th. Sinking rapidly ; died during the day.

*Autopsy.*—The peritoneum had lost its glossy appearance ; no congested condition of the vessels ; about half a pint of pure pus in the cavity ; right ovary much enlarged ; fully the size of an English walnut, and softened ; the left one about the size of a partridge egg ; uterus but little contracted ; walls more than an inch in thickness, and cavity gangrenous.

CASE XII. Margaret Madigan, a short, thick set, red faced woman ; born in Ireland ; æt. 20 ; 1st child ; delivered on the 13th, after a tedious confinement ; 48 hours on the bed ; could not impress upon her the importance of keeping quiet ; she

got up on the second day; was put back to bed; arose again on the third day, and was again put back to bed.

17th. Complained of pain in the abdomen; it commenced swelling; pulse 136; respiration 35; dorsal decubitus; legs drawn up; tongue moist; attempted to bleed her, when she fainted at the loss of 3iss.; she was a silly, half witted woman, and much frightened; 10 doz. leeches were applied to her abdomen, and a 10 grain dose of calomel with 3 grains of opium given.

18th. Bowels open this morning frequently; so much of a diarrhoea that no more calomel was given; endeavored to arrest the bowels with laudanum injections; opium in large doses—4 grs.—was frequently given; always putting her to sleep.

19th. Abdomen tympanitic; treatment with opium and hot poultices continued until the 21st, when she died.

*Autopsy.*—Abdomen much swollen; cavity of peritoneum contained a quart of pus, its surface dull and pasty, not congested; uterus flaccid, its placental surface in a state of gangrene, and its other portions much inflamed; ovaries slightly enlarged and softened.

CASE XIII. Mary Remsler, sthenic; æt. 20; born in Germany; married; 1st child; delivered 13th; seemed comfortable and cheerful up to the 17th. The morning of the 17th complained of acute pain in the iliac regions; had a chill; pulse 132, full and strong; skin pale and hot; was bled 24 oz.; ordered hot poultices to abdomen; gave 10 grains calomel, followed by oil; and prescribed a grain of calomel and a grain of opium every hour; bowels freely opened; bleeding relieved the pain.

18th. Better; pulse 112; less abdominal pain; gave a grain of opium and calomel all day; slept well; the treatment continued for several days with gradual improvement; continued to convalesce rapidly after the 21st, and has been discharged from the house cured; child died of convulsions.

Diet, arrow root.

CASE XIV. Martha Nichols, asthenic; born in Germany; æt. 36; single; delivered of her 2d child 14th; was seized with abdominal pains on the 17th; skin pale; hectic flush; pulse 125; very tender belly; ordered 10 dozen leeches to the abdomen and hot fomentations continually; gave 10 grs. of calomel,



followed by a dose of castor oil and a grain of calomel, with one of opium every hour.

18th. Abdomen tympanitic, but it subsided after the purging; all pain disappeared after the leeching; treatment continued without change until the 21st, when the application of a large blister to the abdomen removed the remaining tenderness to pressure. The powders were now given every four or five hours; there appeared slight ptialism, and the patient continued gradually to improve. The pulse sank gradually to its normal frequency by the 28th, and the patient is now convalescent; has not entirely recovered her strength; low diet.

CASE XV. Julia Farrell, sthenic; æt. 20; born in Ireland; single; first child; delivered Jan. 28th; easy labor. On the 12th day of confinement lost her child in the ward. The distress produced by the infant's death, and her excited fears in regard to "the fever," induced an attack of hysteria. The paroxysm was violent; it lasted all night and continued until the evening of the next day, (the 10th,) requiring at times several assistants to hold her in bed. These symptoms were treated with the usual remedies.

11th.—Complained of great pain in the abdomen; pulse 100 and weak; would often exclaim "Oh my heart!" When asked to locate the pain of which she most complained, she placed her hand a little below and to the left of her heart; had hectic; a wild vacant stare and anxious expression of countenance; dorsal decubitus; thighs flexed; tongue dry and typhoid. Prescribed 10 grains of calomel and three grains of opium. Bowels had been opened the previous night by an injection. Eight dozen leeches were applied to the abdomen, and she was ordered a grain of opium every hour. At 8, P. M., she had taken seven or eight grains and did not sleep; then prescribed opium in two grain doses; after the first dose she slept a few hours; upon awakening one grain doses were again resorted to, and continued until morning without producing sleep.

11th.—Slight vomiting; pulse very feeble; abdomen very tympanitic and much swollen; pain relieved. Covered the whole abdomen with a blister; gave a dose of castor oil and turpentine; threw it up; vomiting continued occasionally through the day, and was given for that symptom lime water and milk; no sleep;

administered an enema of oil and turpentine, which somewhat relieved the tympanitis.

12th.—The opiate was changed to half a grain of morphia in solution, which was given several times during the day. A prescription of calomel and opium, each a grain, was also given every hour. Put a mustard poultice over the blistered abdomen; this somewhat relieved the vomiting.

13th.—Symptoms much the same; patient rather weaker; treatment continued

14th.—Very much prostrated; gave her wine whey and beef essence; powders stopped, sol. morphia two grs. to the ounce substituted; gave a tablepoonful every hour, and repeated the injection of oil and turpentine; obtained some sleep.

15th.—Abdomen not so much swollen; slight pleurisy in right side, relieved by mustard plasters; applied blisters to the iliac region to relieve the recurrent pain and soreness. In this prostrate condition the patient remained until the 20th, manifesting very little change and getting but little sleep. Treatment continued, with an occasional injection of brandy and beef essence.

20th.—Had slept a few hours, better on awakening. Treatment of morphia, wine whey and beef essence continued, with slight improvement each day until the 25th, when she seemed better and had but little vomiting. The patient complaining only of prostration, she was no longer regarded as a puerperal case, and transferred to the medical wards on the 28th. In following up the history of this case, it is proper to say that the vomiting returned after the 28th, when she became much worse; vomiting excessive. Alkalies, acids, aromatics, counter-irritants, blisters dressed with morphia, all were tried, but nothing gave relief. Complains much of weakness.

March 6th.—Injected with a pint and a half of iced water, which relieved vomiting; slept well during the night.

7th.—Was asleep this morning at 10, A. M.; at 8, P. M., much better; has taken whey and beef essence and has not vomited during the day; complains of nothing, and, with the exception of vomiting, has not since the transfer. Has had no lochial discharge since the 10th or 11th day of confinement.

CASE XVI. Ellen Campbell, a large, robust woman; born in Ireland; æt. 23; married; 4th child; easy labor; delivered



Jan. 22; child weighed ten pounds. This patient did well from the time of her confinement up to the 10th day, when, contrary to orders and the admonitions of assistants, she arose and saw a visitor. The probability is that liquor of some kind had been given her by her *friend*, of which she drank freely. On that night the ward physician was sent for at 12, P. M.; she could not sleep; pulse 132; respiration not much accelerated, occasionally long and deep drawn; pain in the head and slight soreness, on pressure, immediately over the uterus. Took  $\text{℥xxxv}$ . of blood from arm; pulse relieved; headache gone. Gave her a grain of morphia; slept until morning; said she felt quite well at 8 next morning. A slight hectic at 1, P. M.; abdomen swollen and tympanitic; bowels opened with oil; countenance much changed, sweating profusely; lies upon her side; sinking gradually; gave morphia one grain every hour; no sleep. Died that night.

*Autopsy.*—A large amount of pus in the cavity of peritoneum; ovaries enlarged to the size of a hen's egg, and uterus in a state of gangrene.

This result appears to have been brought about in the short space of 24 hours, and all with scarcely any pain. It must be acknowledged that there was more obscurity about this case than any other contained in this report, and had the result have been favorable, so as to have precluded the proof revealed by the autopsy, the profession at large would scarcely have regarded it as a case of the disease.

CASE XVII. Ellen Williams, a robust, healthy woman; born in Wales; æt. 22; single; first child; delivered December 26th; easy labor.

Jan. 17th.—Three weeks after confinement complained of pain in the lower belly; fever; skin hot and dry; pale; respiration 51; pulse 125, small and corded. Took  $\text{℥xxxviii}$ . of blood and applied hot poultices to the belly; gave 10 grains of calomel followed by salts.

18th.—Better; pulse 110; still pain upon pressure. Prescribed 1 gr. cal., 1 gr. opium every two hours.

19th.—Improving; pain gradually subsiding, but little tympanitis; continued treatment; bowels open.

20th.—Still mending; continued treatment.

21st.—Convalescing; discontinued medicine. Continued to mend without further bad symptoms until complete recovery. Diet, arrow root.

CASE XVIII. Mary Ramsey, sthenic; born in Scotland; æt. 21; single; first child; delivered Feb. 15; about six hours easy labor; six hours after delivery was seized with cutting pains in the region of the uterus; fever; skin cool and clammy; pulse 132, strong and corded. Venesec.  $\mathfrak{z}$ xxxiii. to faintness; pulse reduced and soft; pain relieved; poultices over abdomen; gave 2 grs. opium.

17th.—Slept well until six o'clock this morning; gave  $\mathfrak{z}$ j. c. ol., which moved the bowels freely; first time for several days; pulse 110; feels easy; but slight pain upon pressure. Ordered a grain of opium every hour when awake, which was continued for several days with a gradual amelioration of the symptoms, until her recovery. Diet, arrow root.

CASE XIX. Mary Ann Couch, a stout, florid, healthy woman; born in Ireland; æt. 19; married; first child; delivered on Feb. 9th. About 24 hours after delivery complained of sharp cutting abdominal pain; great tenderness on pressure in the iliac regions; slight tympanitis; pale, hot, dry skin; pulse 145, quick and strong; bled her  $\mathfrak{z}$ xxviii., which relieved the pain; applied hot fomentations to the abdomen; gave 10 grs. calomel and 2 grs. opium, to be followed in four hours with senna and salts; gave also at night half a grain sul. morphia.

11th.—Rested very well all night; still complained of pain in iliac regions; less fever; pulse 110. Ordered 12 dozen leeches to the abdomen; gave one gr. cal., one gr. opium every hour; tympanitis considerable, for which an enema of oil and turpentine was administered. Continued the powders all day with half a gr. sul. morph. at night.

12th.—Slept well; but little change in symptoms or appearance; pulse 110. Continued treatment. In this condition, with scarcely any change or variation in the pulse, she remained for four days; no pain, but more or less tympanitis; same treatment continued.

16th.—Patient became anemic; complained of great prostration; vomiting commenced; sleeplessness and tympanitis. Gave her quinine and stimuli, also a grain sulph. morphia every hour;



blistered the abdomen and dressed it with sulph. morph.; could get no sleep.

These symptoms continued for four days, when the vomiting increased and became black. Had her plunged in a hot mustard bath, in addition to the former treatment. She gradually sank and died on the 20th. An hour or two before death was laboring under violent puerperal mania. Child still living. Low diet in this case until she became anemic.

*Autopsy.*—Found no pus in peritoneal cavity; slight traces of peritonitis; marks of extensive inflammation of the uterus, with gangrene of its cavity; other organs healthy.

CASE XX. Barbara McDermott, asthenic; born in Scotland; æt. 19; single; first child; delivered Feb. 11th; easy labor. This case occurred in the venereal ward, and was the second that appeared in the hospital wing of the institution. This woman had been for some months, and was at the time of delivery, under treatment for primary syphilis. About 26 hours after delivery, complained of pain in the iliac regions and over uterus; pulse 132, and weak; skin pale, cool and clammy; abdomen tympanitic. Applied 10 dozen leeches to abdomen; gave 10 grs. calomel, followed by oil and turpentine; hot fomentations to abdomen constantly. Gave also a grain each of cal. and opium every hour, together with the citras potass. neutral mixture. The cal. and opium with the citras potassæ mixture, were continued for several days; the patient weak but slowly improving. Ten grains of quinine were added to the medicine in the 24 hours. The fourth day of the attack there was slight ptialism; powders were then given every four hours. Fifth day powders were stopped and a mouth wash ordered.

7th day.—Mouth better and convalescing. Contrary to orders, she got up and walked about the ward; was taken with pain and fever; pulse 125 that night. Abdomen blistered; poultices applied; same powders again administered every hour. Under this treatment the patient improved, and is now up and free from the disease. Her diet was arrow root and rice and milk until last convalescent. Child died in the ward in convulsions.

CASE XXI. Ann Cunningham, a woman of full habit; born in Ireland; æt. 20; single; first child. Labor commenced on

the 19th and continued until Thursday the 21st without much progress. Pains came on with great force on the 20th, and hoping, with the natural presentation, it would terminate without artificial assistance, and there being no unpleasant symptoms, she was permitted to remain without interference until Friday night. In view of the violence of the pains, and notwithstanding their frequency, it was determined, after a failure to deliver with the forceps, in consequence of deformity of the pelvis to remove the child by embryotomy. The child being dead, this was done. After delivery the patient slept pretty well from 12, P. M., until morning.

23d. No pain; abdomen much swollen and tympanitic; pulse feeble and very frequent; abdomen blistered and wine administered. Died that night.

*Autopsy.*—Pus in the cavity of peritoneum, about a pint. Cavity of uterus gangrenous.

CASE XXII. Mary Brown; sanguine temperament; born in Ireland; æt. 17; single; 1st child; delivered the 20th; easy labor; delivered at 8, P. M. Complained next morning of sore throat; throat inflamed and oedematous; neck and arms very red; ordered her a blue pill and a gargle to her throat. At 3, P. M. she threw her child out of bed; seemed sullen and out of temper with every one; refused to speak or take medicine. Examined her throat, tonsils much tumefied, a probang dipped in a 30 grain sol. nit. argent. was several times used to it during the afternoon. Evidently insane; pulse very weak; gave wine and carb. ammonia every  $\frac{1}{2}$  hour. Died that night, about twenty hours after delivery.

*Autopsy.*—Revealed nothing but the uterus scarcely at all contracted and gangrenous upon its internal surface; child living.

CASE XXIII. Ann Craigan, a stout woman; cook of the ward; born in Ireland; æt. 27; married; 3d child; Jan. 29th, cooked the supper for the patients, washed the dishes; then went into the ward and delivered herself in 30 minutes of a dead child. This woman appeared to be doing very well, and was anxious to get up on the 3d day; it was with great difficulty she could be kept in bed until the sixth day, when, contrary to orders, she arose; upon hearing the physician's footstep she jumped hurriedly into bed, and was much agitated. That night Dr.



Braxton was called to see her, with a pulse of 112; very tender belly; slightly tympanitic; and complaining of headache. He prescribed her a grain of opium; the first dose relieved her head, and she slept a few hours. When she awoke her pulse was not so frequent. At 1 P. M. next day, there was much pain and tenderness of abdomen; pulse 120 stronger than night before. Bled her  $\bar{3}xx$ .; she complained of faintness; stopped the bleeding; pain not removed; gave her 1 grain opium every hour, until bed-time, when 2 grains were given at once. Slept through the night, waking twice only to ask for water; each time a powder was given (t. opii gr. i.) Next morning much relieved and better; opium continued, when awake, and no other treatment resorted to. She gradually improved, and the opium was reduced to 3 grs. a day; then only at bed-time, and finally, as convalescence appeared, discontinued altogether.

She recovered and left the house about four weeks after confinement.

CASE XXIV. Ellen Harnet, a woman of full habit; born in Ireland; æt. 20; single; 1st child; delivered Feb. 9th; easy labor. The following day was attacked with the usual symptoms of puer. peritonitis; a painful, tender, tympanitic abdomen; pulse 120 to 130 and headache; bled her about  $\bar{3}xxxv$ . when she became faint; the pulse fell to 100, and she expressed herself relieved entirely of pain, in both the abdomen and head; gave her 10 grs. calomel and 3 of opium, and had poultices applied to the belly; slept only partially during the night; had  $\frac{1}{2}$  a grain of morphia 3 or 4 times before morning.

Feb. 11th. Took a dose of oil; had 10 doz. leeches applied; abdomen tender; poultices after the leeching, and gave a grain of calomel and a grain of opium every hour during the day. At night much worse; very restless; gave 2 grs. at a dose; no sleep; very weak; gave wine; continued the stimulus until 9, A. M., the 12th, when she died. No autopsy.

CASE XXV. Mary Adams; sthenic; born in Ireland; æt. 24; single; 1st child; delivered Feb. 25th, at 11 P. M. Twenty-nine hours after delivery found her suffering excruciating abdominal pain; pulse 136, and strong; fever; could not bear the abdomen touched; dorsal decubitus, with legs drawn up; took  $\bar{3}xxx$ . of blood, and gave 10 grs. calomel with 2 grs. opium, which was

thrown up; vomiting excessive; gave two tablespoonfuls liq. morph. sulph. Found her asleep at  $\frac{1}{2}$  past 8 next morning, into which she had just fallen; did not awaken her; saw her again at 11, A. M. Still complains of severe abdominal pain; pulse 120, and weak; great tympanitis; 200 leeches were applied to the abdomen; followed by hot poultices; gave an enema of c. ol. and ol. terebinth.; stomach would retain nothing but sulph. morph.; ordered a grain in solution every hour. 7, P. M. The patient sinking, and died at 2 next morning. Child died 4 days afterwards in convulsions. No autopsy. Sick 36 hours.

CASE XXVI. Josephine Smith, a large, muscular woman, in good health; born in Germany; married; æt. 33; 9th pregnancy; delivered Feb. 24th.

27th. Was taken with mental depression, on account of the drunkenness of her husband, and absence from her children, then on their way from Germany.

28th. Bowels moved; some tympanitis; had no purgative; no pain; very little soreness; feared peritoneal mischief; applied 200 leeches. 7, P. M. Pulse 125; no sleep; prescribed a grain of morphia every hour. Slept that night well.

28th. 7, A. M. Awake. A raving maniac; had to be secured to the bed; pulse 110; blistered the abdomen; morphia continued. Slept that night well.

In this state the patient remained until the morning of the 5th of March, when death took place. Throughout the whole course of the disease the skin was pale, but natural; except a day or two before death, when it became cool and clammy; child living. No post mortem.

CASE XXVII. Elizabeth Pool; asthenic; born in Pennsylvania; æt. 27; married; 3d child; delivered Feb. 27th. Easy labor; had a slight chill 24 hours after delivery; condition typhoid; pulse feeble, about 100; no prominent symptoms of puerperal peritonitis. Next day pain in abdomen in the region of uterus; 200 leeches applied; was ordered a  $\frac{1}{2}$  gr. morphia every hour, which had been regularly administered from the first symptom of chill. Had no purgative; was purged previous to delivery with oil; morphia increased to 1 grain on second day; no sleep. Third day the patient maniacal; fourth day vomiting set in;



stopped treatment; died that night at 11 P. M. No post mortem; child died a week afterwards.

I have two other cases to report, but having extended this article to an unwarrantable length, will defer them to some future time. One of them is convalescent; the other I think will be fatal. Making in all 29 cases; out of which were twelve recoveries.

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*A case of Epilepsy, for which the patient was Trephined.* By D. HAYES AGNEW, M. D., Surgeon to the Philadelphia Hospital, Blockley.

Just conclusions in medicine can only be reached by a faithful record of facts; and in no case is this more necessary than where, from the circumstances attending the disease, the patient is likely to be subjected to the hazards of an operation.

It is on this account I place on record the following case: George Gerlach, a German, 24 years of age, of sanguine temperament, and remarkable physical development, was admitted into the lunatic department of the Philadelphia Hospital, laboring under a mild form of insanity. Eleven years previous to his admission, and before coming to this country, he received a violent stroke upon the top of the head by a falling piece of timber. As far as can be gleaned from his friends, no symptoms of compression existed at the time; but two or three months subsequently, he was attacked with epileptic convulsions, which becoming more and more frequent and violent, his mind at length began to suffer materially as the result. During my term of service in the Institution, he came under my notice. His attacks were very violent, and as frequent as two or three every week. Examining his head I discovered, close along the position and direction of the sagittal suture, a well marked depression one inch and a half in length, and in which the little finger could be laid. At my suggestion his friends readily agreed there should be something attempted for his relief. Having placed him under the influence of ether, he was brought before the class in attendance, the parts shaven, the bone well exposed and by a large sized trephine the most depressed portion of the bone resected. The dura mater was very firmly attached to the piece,

but by careful manipulation was separated without the least injury to the membrane. During the operation he was seized with a very violent convulsion, which lasted for several minutes. The external table of the part removed, presented two considerable depressions. The internal table exhibited the fissures of a beautiful stellated fracture, while both, together with the diploe corresponding to the two indentations, had almost disappeared, existing only as a thin lamina. If any undue pressure did exist, of which I have no doubt, it was the result of the absorption of the parts referred to, rendering the other portion more prominent. The parts having been dressed, the man was placed in the clinical ward; a water dressing to the wound and small doses of hydrarg. chlor. mit. prescribed, with a view to counteract the dangers of meningeal inflammation. He recovered without a single untoward symptom. The first week succeeding the operation, he had two convulsions, after which they did not recur more than once a week, and sometimes once in two weeks, and then very mild compared with those previous to the resection. Being very much relieved in all respects, he left the hospital, and, as far as I can learn at the present time, continues materially benefited. Time can only test the permanency of the relief. If the piece of bone removed was the primary cause of the epilepsy, we would have no reason to argue an unfavorable prognosis because the attacks did not entirely subside, as the long continuance of that exciting cause would have a tendency to develop a condition of the encephalic mass, calculated to continue for a time at least from habit.

*Philadelphia, March 12th, 1856.*

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### BIBLIOGRAPHICAL NOTICES.

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*Memoirs of the Life and Services of DANIEL DRAKE, M. D., Physician, Professor, and Author; with notices of the early Settlement of Cincinnati and some of its Pioneer Citizens.* By EDWARD D. MANSFIELD, LL. D., author of "American Education," &c. Cincinnati; Applegate & Co. 1855.

Of the American physicians now gone to their long home, Daniel Drake is unquestionably one of the greatest, one of those



most worthy of imitation and of lasting renown. A poor Kentucky ploughboy just turned of 15 years, having merely learned to read, write, and cypher a little, is ambitiously destined by a pennyless father to the profession of medicine; is transferred to Cincinnati, then a village of miserable huts; is given as a student of the great science of medicine, or rather put apprentice to a Dr. Goforth, who sets him to rubbing quicksilver and "committing to memory Quincy's Lexicon, Cheselden on the bones and Jones on the muscles, without specimens of the former or plates of the latter."

Here, in the unremitting performance of all the duties of a shop boy, he remained three years, when the kind hearted preceptor took him into medical partnership and gave him his diploma testifying that his attainments were "ample in all branches of the profession," signing it *William Goforth, Surgeon-General of the First Division of Ohio Militia*. Such was the unpromising origin of a physician who has, by a long life of eminent usefulness and virtue, adorned the profession, showing, like the Boeotian Philosopher, that great and exemplary men are sometimes known to arise from states of society very unpropitious to the culture of intellect.

"Summos posse viros et magna exempla daturos  
Verecundum in patria crassoque in aere nasci."

But there is nothing without an adequate cause. Dr. Mansfield very justly attributes the beginning of Dr. Drake's elevation to the native superiority of his intellect. This, however, was cherished by the perpetual example of pious and careful parents who secluded him from vicious examples; and by making themselves worthy of his love, insured his continual presence and willing assistance in all their humble occupations even to the beginning of his 16th year.

We shall lay before our readers a brief summary of the labors and sufferings of this eminent man, taken entirely from this biography, recommending them at the same time not to read our review, but the book itself, from which we can promise them both entertainment and profit.

Daniel Drake was born at Plainfield, Essex County, New Jersey, Oct. 20th, 1785. His parents moved to Kentucky when he was about two and a half years old, in company with four

other families. This little colony purchased 1400 acres in the midst of the ancient forest and divided it in proportion to their means, 38 acres falling to the lot of poor Drake. Six years afterwards he sold this and bought a farm of 200 acres near Mayslick, 12 miles south-west of the present Maysville. This was in the midst of the forest, "every thing was new and every thing had to be done." Drake himself thus describes their new habitation:

"Father's cabin stood on a side hill, and was not underpinned. The lower end was three feet from the ground, and here was the winter shelter of the sheep, furnishing security from both wolves and weather; still, although there was protection from rain and snow, the cold wind was not excluded, and it often became necessary to bring the young lambs into the cabin above, and let them spend the night near the fire. The exercise of this kind of office towards the young and suffering innocents was, perhaps, one cause of my repugnance to eating their flesh for many years afterwards. Sometimes they would leave their dams, and then it would become necessary to feed them on cow's milk; a labor which generally fell to me, and I used to hold their mouths in the buck-eye bowl, till they *learned* how to drink."

Daniel being now between eight and nine years old, his time was divided between his father on the farm and his mother in the house. Solomon says, "train up a child in the way he should go and when he is old he will not depart from it." If Drake was not now trained in a way that favored his operations in after life, he was daily imbibing parental lessons and habits of industry that remained with him to the end of his days.

"Though he was much occupied with the out-door pursuits of the farmer's boy, he had yet much to do inside the house. Till he arrived at fifteen years of age, his mother had no hired help, except in sickness. Kentucky was a slave State, yet his father never owned a slave, partly because he could not afford it, but more because he had an invincible repugnance to it. He would not have accepted a negro as a gift, and been obliged to keep him as a slave. He sometimes hired one, but always gave the negro something for himself.

"As a consequence of not owning slaves, Mrs. Drake, Daniel's mother, was frequently without any 'help' in her household affairs; and as Daniel had reached his twelfth year, a strong boy, he became his mother's chief assistant. Nor was he an unwilling one; for it afforded the largest part of that narrow circle of amusements, which were to be found on a farm in the back woods. These domestic employments were various; there was the gathering and assisting in cooking the 'truck,' or garden-stuff for the dinner; there was butter making, cheese making, soap making, hog killing, and a multitude of little employments belong-



ing both to house and field, in which Daniel was the help, the laborer and the prime minister of both father and mother. Judging from his reminiscences of this portion of his life, he must have been a parallel to Giles, in Bloomfield's Farmer Boy, of whom it was said—

“‘There never lacked a job for Giles to do.’”

In his 12th year his field of observations was greatly enlarged and his mind received a new impulse from visiting the Blue Licks, where they obtained their salt. They were in the practice of taking as much hay as two horses could draw twelve miles over a stoney road, and this load they exchanged for a single bushel. Here he was surprised with the sudden appearance of great rocks and evergreens, tasted the salt water, heard of the mammoth bones that lay buried in the mud, and “he could tell his mother and sister of strange things they had never seen.” In after life he supposed that these and other rural scenery had cherished in his mind that poetic love of nature for which he was greatly distinguished, and which was his supreme delight through all his travels in the boundless West, to which he might have added, *in all his travels through life itself.*

“In the meantime he got something, but not very much, from what is commonly called education—that which is learned only from reading. His father's library, as may be supposed, was by no means extensive. It consisted, in his own words, of the Bible, Rippon's collection of Hymns, Dilworth's Spelling Book, an Almanac, and the famous History of Montellion—a romance of chivalry. To these were afterwards made considerable additions, as the young Daniel advanced in the scholastics. He got Webster's Spelling Book—at that time quite a novelty—Entick's Dictionary, Scott's Lessons, Æsop's Fables and Franklin's Life. All these, and some others procured by borrowing, were good in their way. If they were not extensive in learning, or tempting to the fancy, they were useful; they contained the elements of knowledge, and gave no false and vicious ideas of society.

“With this small library, with the woods around, and in a log-cabin school house, our youth commenced his education or instruction; that only which the world calls education, and which certainly is one of its essential parts, without which he could not have been an eminent physician, nor have created an interest beyond the family circle, in the minds of others.

“If the library was meagre, so the schools in that backwoods country were scarcely more abundant. His father, however, managed to send him occasionally to school. He says, ‘limited as were my attainments, they exceeded those of most boys around me, who knew much less. Still, as I was going to be a doctor, father decided I must have another quarter's schooling. Accordingly, he subscribed again to Mas-

ter Smith, who kept a log school-house on the banks of the Shannon, in the woods, just two miles north of where he lived. So I began to resume my suspended school studies; but the corn had to be hoed, and seeding time required the wheat field to be harrowed after the sowers, and seed had to be covered with the hoe, near the stumps; and it was indispensable for me to labor with my hands, as well as head. So I had to rise at the dawn of day and work at the field till breakfast time, then eat and start with my dinner in my hand. As the distance was two miles, I had to use feet as well as head and hands, and generally ran most of the way.'"

"Here he acquired all the academic education, small as it was, which, aside from his self-instruction and his professional acquirements, he was able to obtain; and here, according to the received opinions of the world, his education ceased. But was it so with him? Very different from this was his estimate of human culture. He was one of those, as we shall see in pursuing his thread of life, whose education never ceased, and whose labors were never done. All persons, places and seasons, were to him the means and agents of instruction. Thus he continually illustrated, in his own mind and person, that great principle, that nature and society are but educators. All are ministering spirits, which a strong mind converts into instruments of growth and acquisition. Education, in its length and fulness, is but the vestibule, and they who teach it but the servants in that building of various, beautiful and infinite adornment, into which God has invited every one who is willing to inquire of him and his works! So thought Daniel Drake, and so has thought every man who has accomplished much by living long and living well."

"From his parents he received a religious training which was made altogether more effective upon his future character, from the fact that he was a dutiful and affectionate child. He appears to have been, in all his youthful avocations, by the side of father or mother, their chief help and willing auditor. Of his father, he says, he was a Christian gentleman, who, comparatively without education, knew well the duties and courtesies which that character required. His mother was even less educated, but her spiritual knowledge and especially her sense of religious duty, made her the best of teachers. She, as is ever the case with children, was his religious instructor, and to her his grateful mind turned back, after half a century of trials, duties and struggles, as if even beyond the veil of other worlds, he would still commune with the same mild and gentle spirit!

"Of the influence of his mother he thus speaks, after he had described some of the vices of the neighborhood:

"That I was preserved from any active participation in, or contamination from, these associations, to which I can trace up the ruin of many of my companions, ought to fill my heart with gratitude to God. The influences under Him which protected me, were, I think, in part my natural tastes and feelings, but in greater part, the admonition of my parents, and of mother still more, perhaps, than father."



In December, 1800, in the beginning of his 16th year, his father took him to Cincinnati and put him under the tuition of Dr. William Goforth, a New Yorker of some medical education. Drake says "he had the most winning manners, great kindness of heart, told anecdotes and talked fluently, dressed with precision, having his hair powdered carefully in the morning, his hands gloved, and walking out with a gold-headed cane."

In this new place our virtuous young man was beset by many temptations.

"Fort Washington was garrisoned by gay officers and loose soldiers. The village around it was filled with as gay society, though not wanting in some persons of serious and religious deportment. The tone of society was military, and the garrison which gave that tone was (as indeed was the whole army immediately after the Revolution) rather distinguished for the vices of gambling and intemperance. Judge Burnet, who was then a lawyer at the bar, mentions General Harrison, (then a lieutenant,) and one other, as the only officers he knew who did not end their life by intemperance. Of gambling he spoke as a common practice at the garrison. There, surrounded with men of all ages, from the young subaltern to the grey-haired veteran and respectable citizen, nearly all of whom thought it a light matter to engage in these fashionable vices, he was neither seduced by their authority or example. It was, perhaps, from his early observation on these vices, that he remained to the end of life not only abstinent from them but hostile, looking with contempt upon their followers and with abhorrence on their effects."

Then after having been subjected to these temptations four years, he could write to his father—"since I have lived here, I defy the town to impeach me with one action derogatory to my honor or reputation."

In the year 1802 some of the works of Dr. Rush found their way to this remote village, "which to the mind of Drake were food of the freshest and most captivating kind." Though the Preceptor was adverse to the methods of Rush, he had the penetration to perceive and the candor to acknowledge the rising worth of his pupil, and he took him into a medical partnership in May 1804. Of the hardships of his practice his Biographer quotes from himself:

"Every physician was then a country practitioner, and often rode twelve or fifteen miles on bridle-paths to some isolated cabin. Occasional rides of twenty or even thirty miles were performed on horseback, on roads which no kind of carriage could travel over. I recollect that my preceptor started early in a freezing night to visit a patient

eleven miles in the country. The road was rough, the night dark, and the horse brought for him not (as he thought) gentle; whereupon he dismounted after he got out of the village, and putting the bridle into the hands of the messenger, reached his patient before day on foot. The ordinary charge was twenty-five cents a mile, one half being deducted, and the other paid in provender for his horse or produce for his family. These pioneers, moreover, were their own bleeders and cuppers, and practised dentistry not less certainly than physic; charged a quarter of a dollar for extracting a tooth, with an understood deduction if two or more were drawn at the same time. In plugging teeth, tin-foil was used instead of gold-leaf, and had the advantage of not showing so conspicuously. Still further, for the first twelve or fifteen years, every physician was his own apothecary, and ordered little importations of cheap and inferior medicines by the dry goods merchants, once a year, taking care to move in the matter long before they were needed."

A very little money was thus hardly earned and the two-thirds of it never paid; his partner was poor and very improvident, a heavy judgment for medicine bought in Philadelphia now hung over him and execution was threatened; no wonder then that poor Drake wrote to his father—

"I am heartily sick and tired of living in the midst of so much difficulty and embarrassment; and almost wish sometimes I had never engaged in partnership with him, for his medicine is so near gone that we can scarcely make out to practice, even by buying all we are able to buy. Add to this, it gives me great unhappiness to see him in such a deplorable situation. I get but little time to study now-a-days, for I have to act the part of both physician and student, and likewise assist him every day in settling his accounts."

"I have not been able to purchase those two books I was telling you were at a store in town, but may be I shall before I leave this." The struggle with these difficulties imposed its valuable lesson of self-denial, and he adds, in the same letter, "I owe nothing except to Mr. D., and am determined to owe him but little."

In the fall of 1805 he obtained a loan from a Mr. Taylor, whom he always mentioned with gratitude, and went to Philadelphia to attend medical lectures. These he found even more useful than he had expected and he wrote to his father—"I try not to lose a single moment, seeing I have to pay so dear for leave to stay in the city a few months." Our inquisitive youth desired to see a little of the great world into which he had emerged, and therefore he went on Sundays to the worship of various sects and once or twice at most, he incurred the expense of the theatre. His Biographer says—



"In reviewing the period of his student-life in Philadelphia (short as it was in time) I am struck with the fine example it offers of great resolution, self-denial and industry, in struggling for and attaining a worthy object. Partly by his own practice of medicine, while yet a youth; partly by borrowing and partly from his father, yet in straightened circumstances, he was able to obtain the small sum necessary to pay for his expenses and instruction at Philadelphia. When there, he labored like one who was conscious that life was a battle in which success must be won by labor and effort. 'I attend the lectures, and then study till two in the afternoon. After dinner apply myself closely to books; call for candles, and sit up till one, sometimes two in the morning. This is my constant plan of conduct. I only sleep six hours in the twenty-four, and when awake, try never to lose a single moment. I had not money enough to take a ticket at the Hospital library, and therefore had to borrow books. Several of my fellow students, Dr. Dewees and Dr. Barton, were very kind to me in this way.'"

He returned to the West in the spring of 1806 and practiced medicine in his father's neighborhood; but in the spring of 1807 his old Preceptor left Cincinnati, and Drake by previous concert stepped easily into his place. His practice increased rapidly among the best people and he took his stand in the best circle of society as one of its most prominent members. One of these has written—

"I should think it hardly more than a year that I had the great advantage of his close acquaintance. It was to me of infinite advantage; for I owe to his example and conversation, at a critical period, much of the little in my tastes and acquirements that give me any satisfaction with myself. If there were few intimate friends, there was a decided influence upon a circle of young men drawn together by strong sympathy with his leading tastes. This influence led, for example, to the establishment of a debating society, which was maintained with spirit and success."

To the mental competition in this society he no doubt owed much of that ready astuteness in debate which, as we have heard, he showed long afterwards in the Medical Society of Philadelphia.

In the family of Col. Mansfield he met Harriet Sisson, the Colonel's niece, "a person of much native grace, refined taste, ardent temperament, quick intelligence, without a fashionable education; in a word, she was a child of nature rather than of art." As the Doctor's prospects of practice were quite flattering, they were married in the autumn of 1807.

"Dr. and Mrs. Drake were admirably suited to one another in their

genial dispositions, their buoyant spirits, their love of nature and their ambitious aspirations. Their married life continued eighteen years, attended with a large share of human vicissitudes, and not a little of trouble and adversity; yet, in the whole period, with a mutual confidence and devotion seldom equaled, so much so as to seem quite remarkable to those who observed it. Mrs. Drake, with quick perceptions of her husband's natural talents, and ambitious for his future distinction, ardently assisted him in all his efforts, and exercised much influence over his future career."

When we remember that seven years had not yet passed since he came to Cincinnati, a friendless, uneducated boy of 15 years, and was set to the rubbing of mercury and committing to memory Quincey's Lexicon, it must be confessed that he had effected much, and that he had good reason for indulging the brightest prospects. But sickness and death intervened to give the happy pair some timely experience in the anxieties and sorrows of a married life. In January, 1809, the Doctor had a long attack of pneumonia, from which he barely escaped; and Mrs. Drake suffered so greatly through sympathy and loss of rest, that it was supposed she never recovered her former health. Shortly after this, they lost their little daughter by that awful death—the death from croup. The following lines to his father are too tender and affecting to be left uncopied:

"She was the life, the soul, the comfort of us all; but her mother—her mother—Oh! her mother, what shall I say of her? To her mother she was the *whole* world, except myself. The very existence of this mother was almost inseparable from the life of that little innocent, and now she is almost inconsolable. Every object in the house recalls some little action, some sweet smile, of that little saint! When she lies down at night; when she awakes in the morning; when she comes down stairs; when she sits down at table, she constantly finds something to remind her of the pleasure which that dear little spirit gave her, and, bursting into tears, recounts the innocent smiles and actions of this child of our love."

This, says his Biographer, "is the language of grief, and all who have felt such pangs, will realize the force of these expressions."

But however Drake may have suffered from his own sickness, from the injured health of his wife, and from the loss of his child, he still preserved the vigorous tenor of his way. His ardent and ever active mind made many excursions beyond the limits of his profession. His poetic love of nature, which had



been developed in his rustic education, gave him a taste for natural science, which he gratified in his long rides to visit his country patients. He also engaged in palæological inquiries concerning the antiquities of Cincinnati. He investigated and theorized on the remains of ancient fortifications; an Indian mound or cemetery was opened and he examined the remaining skulls, comparing them with the heads of existing tribes. He made some researches in Botany, whether scientifically or according to what system, it is not said; he made a *Calendarium Floræ* and investigated the medicinal properties of plants. Meteorology he did not neglect, but made observations on the winds, rain, temperature, &c., of Cincinnati; so that in 1810 he was already prepared to publish a large pamphlet entitled "*Notices of Cincinnati, its topography, climate, and diseases.*"

This work being found very useful to travellers and scientific inquirers, he received so many applications therefor, that he soon went about preparing something more elaborate on the same subject; this was his *Picture of Cincinnati*.

But unfortunately, this *picture*, the literary associations, and his increasing practice, were all insufficient food for his greedy mind; therefore we find him in conjunction with his brother Benjamin

"commencing a series of commercial operations, which extended through several years, and in the end were very disastrous. For this kind of business he was not well fitted, both because he did not love money enough to be careful of it, and because, like all other professional men, his time and thoughts were necessarily engaged upon other things. The history of literature and of science proves clearly enough that nothing has proved more unfortunate to men in these walks, than commercial speculations. There is something in the pursuit of money and the pursuit of knowledge, which, if not radically hostile to each other, at least admits of no divided empire. Mammon claims all for his own, and looks with jealousy and hate upon all who raise their eyes above the earth."

In remote places it generally happens for obvious reasons that public works of activity or benevolence fall hard on physicians; hence we now find him busy with the institution of a Lancasterian school for which he was Secretary, and also a library company of which he was President. Upon Drake all these literary and scientific avocations fell particularly grievous, in consequence of his deficient education, which he had not yet been able

to fill up ; and both himself and his biographer have set forth with what labor and difficulty his *Picture of Cincinnati* was at length completed. He says in a letter—

“But even Mr. M. is not fully prepared to imagine, in what a degree of embarrassment I have been immersed for six months past, unless he was obliged to study the *elements* of the sciences to which they belong, to make a dozen applications for a fact, which might be answered in as many words, to exchange the inkstand and pen for the lancet and gallipot every hour in the day, and above all to confront boldly a succession of pertinacious duns. Without all this, and more, he could not experimentally know to what I have been subjected this summer. In the midst of such difficulties and distractions, greater in proportion, I suspect, than those in which Dr. Johnson composed his folio dictionary, nothing but absolute necessity could have *kept me to the course*.”

Dr. Mansfield says that the work was never very popular at home, but that it circulated largely in the Atlantic States and made the name of Drake widely known and respected. We are glad to see that it has long been an inhabitant of the Philadelphia Library. It would be very interesting to compare the productions of his pen at different periods of his career and see by what gradations he attained to such ease and beauty of style, such fulness of thought and flow of sentiment, as have seldom been equalled by his more learned countrymen.

In October, 1815, he went to Philadelphia for the purpose of attending lectures and attaining the Doctorate. It appears that he was favored by the professors with much attention ; and he received the longed for and merited degree of M. D. But this proved to be a sorrowful winter to this child of labor ; for Mrs. Drake, whom he had taken with him, was sickly the whole time, and in the spring when he was about to be crowned with his degree, he had the sorrow to hear that his little son, whom they had left with his grand parents, had died as did their other child—the death of croup.

On returning to Cincinnati, it was in May 1816, in his 31st year, he quickly fell into a busy and profitable practice, with a bright future opening upon him. “*Sed scilicet ultima semper expectanda dies homini.*” Evil days were approaching, for his parents had removed to Cincinnati and he opened in partnership with his father a store of “dry goods, hardware and groceries,” money having been freely borrowed from the



bank, without foresight of the perilous time that was then in its birth. We may easily see that this was done for the comfort of his parents in their years of decay, and his total failure in his filial beneficence is therefore to be the more lamented. How these good parents fared afterwards, what comforts they enjoyed, when and how they died, whether they were soothed in their dying hours by the presence of this good son, an old man who expects soon to die would gladly be informed. Of all these things we are left entirely ignorant, and this we must note as a very great defect in this deeply interesting and beautiful book.

In 1817, the Trustees of the U. of Transylvania established a medical department, and Dr. Drake was appointed professor of Mat. Med. and Botany. During the summer he suffered severely from dyspepsia, but he palliated the complaint by a strict regimen; and by rest and quiet at Lexington, he entirely recovered his health. With respect to his lectures, his biographer has nothing important to relate. Drake however says he was "dissatisfied with the college," wherefore he resigned in the spring and returned to Cincinnati.

His active mind now found leisure or made leisure, as it always had done, to attend to literary institutions and to every thing that could tend to the prosperity of the rising city or to that of the whole Western country. He lectured on botany and medicine to a small class and began to make a show of establishing a medical college at Cincinnati. This frightened the Lexington gentlemen,—not out of their wits as people say, but into their wits, for they forthwith offered him the first professorship in the University, if he would settle permanently in their town. But this he promptly declined, for he foresaw the future superiority of Cincinnati and its adaptation to a medical college. Nor was he slow in his movements, for he went that same year to the Legislature and dunned them into a charter with a large endowment.

"When the fires of ambition had excited his energies—when he had become one of the most prominent citizens, and acquired a wide and brilliant reputation. The multifarious employments into which he had so zealously entered had, however, already begun to task his powers, and teach him the wearisome exactions of professional and public life. In one of his letters, dated October, 1819, he says: 'I have more than once told you how I regretted that my engagements and pursuits have

multiplied so much as to materially interfere with my social relations, and fearfully to abridge the hours which ought to be spent in devotion before the shrine of friendship. When I shall extricate myself from these enemies of social enjoyment, I cannot predict. The ties which bind me to the world at large seem every day to increase in strength and numbers. The crowd of mankind with whom I have some direct or indirect concern, thickens around me, and I see but little prospect of more leisure, nor any of retirement and seclusion.' "

Many difficulties and sore disappointments attended the opening of the college. Five professors had been appointed by the Legislature, and Drake was President of the College by law. The dangerous power of expelling and electing each other had been chartered to these men, and this power was not long dormant; for two were expelled and two others elected before the college was opened, by which *concordia discors*, a whole year was lost. Whether the first session passed in harmony, we are not told; but two of the five withdrew at the close and two others expelled Drake, leaving themselves masters of the college which he had founded!! The whole community were shocked with this flagrant impudence, and Drake published the causes of this act of folly and suicide in a pamphlet entitled *The rise and fall of the Medical College of Ohio*. One of the expellers lectured in conjunction with one colleague the following year, "with a handful of pupils and no reputation."

"The time had now come when, for once only in his long citizenship, he hesitated about remaining here. He had given the energy of twenty years quite as much to the public as himself. The growth of the town was in no small degree due to the 'Picture of Cincinnati,' which spread abroad the knowledge of its superior advantages. The taste for literature and science, which had begun to spring up, was chiefly excited and kept alive by himself. The laws instituting the college, the medical school, and the hospital, were procured by him. The endowment, not an inconsiderable one, was mostly due to his exertions. He had talked, written, labored and formed plans for Cincinnati, identifying in his mind (and who would not?) his own fame with the growth and glory of the institutions he founded. But now the scene was changed. His reasonable ambition was charged against him as a fault, or a crime. He was expelled from the Medical College. He was bitterly opposed by many of his own profession—recent comers, who probably owed to his writings any knowledge of Cincinnati. Finally, the commercial disasters of the times swept over the West, and affected him, as they did others, with losses and disappointments. His commercial speculations were a failure; his purchase of goods in the East, with such high expectations of profit, turned out unfortunately. The business of Isaac Drake & Co.



had to be wound up, and the drug establishment passed into the sole hands of his brother Benjamin. The bright pictures of his imagination faded away, and even his sanguine spirit drooped, as it beheld the ruin of so many fair fabrics, from which he had anticipated so much of advantage to himself and society."

In 1823, when he was now 38 years old, he was elected professor of Mat. Med. in the University of Transylvania, and he removed there with his family. His colleagues were Dudley, Caldwell, Richardson, Brown and Blythe. His labors the first winter were severe but pleasant for him, and time rolled on in real enjoyment; for he had left all his vexations both literary and commercial behind him, and he had found at last, as he had every reason to hope, a safe and pleasant abode.

During Dr. Brown's absence in Europe, Drake delivered 26 lectures for him, and taught something concerning *Sympathy*, which Caldwell, professor of *Institutes*, thought was an interference with his own department and doctrines. They had several meetings and some vehement argumentations in the Medical Society. Drake says, that his opponent "cannonaded" him with his heavy artillery for two hours and twenty minutes, and that he returned this with a fire of two hours and thirty minutes. There was no breach of friendship; all this powder passed off like smoke in the calumet of peace.

Drake now found leisure to turn political writer, and he published a number of papers in the Cincinnati Gazette, in favor of Clay's election to the Presidency; if we may judge from the specimens our author has copied, they were written with very superior force and elegance. Dr. Mansfield says: "they were far beyond the common average of political essays, both in style and thought." We cannot, however, but regret that his precious time was not better employed. For a physician to meddle with acrimonious parties in the State, is an *error loci*, a disease that must often interfere with his professional duties, and sometimes end in mortification.

In the summer of 1825, his 40th year, Drake's greatest possible affliction hung over him with her sable wings. He travelled with his wife for the benefit of her health, but this proved to be her last journey on earth. She contracted the remittent fever in her travels, and reaching Cincinnati it here broke out in its worst form, and soon proved fatal. She appears, from various

accounts, to have been a very amiable, lovely, captivating woman; a comfort to her husband in all his difficulties, and the object of his intense affection. "He lost a wife who was loved as few can be loved, and she was now mourned with a grief with which few are mourned." He frequently commemorated the anniversary of her death by a funeral hymn; one of these Dr. Mansfield has copied; it is well worthy, both in thought and versification, of a poet of greater pretensions.

In the autumn, he returned with his children, two girls and one boy, to Lexington, and found 281 students, the largest class that had ever assembled there. Though the school promised so much, though all his associations in Lexington were pleasant and his practice lucrative, he resigned his professorship at the end of the course and returned to Cincinnati. He had entered the Transylvania school with 138 pupils, and he now left it with 281, a number which it never again attained.

On returning to Cincinnati his first business and his main dependence was of course the practice of medicine; but his active spirit required some public avocation. He therefore became joint editor of a medical journal, and sole editor after the first year, changing its title to "*The Western Jour. of the Med. and Phys. Sciences.*" In this same year, 1827, he appeared as principal editor of the *Med. and Phys. Journ.* In this he announced his resolution to prosecute a work concerning which he had long before issued a circular to the physicians of the West, requesting "*such facts and observations as would aid him in the composition of a history of the diseases which occur between the Gulf of Mexico and the Lakes.*" The same year he established an *Eye Infirmary*, with upwards of a hundred respectable men as annual subscribers. Thus we find that in less than a year after his return to his beloved Cincinnati, he was already a busy public benefactor.

Temperance now began to be a subject of general interest, and here Drake took a leading part. He was temperate himself, nay, almost abstemious, and therefore he came to his work with a pure as well as a benevolent mind.

"It was in September, 1827, that a public meeting of citizens was called to meet at the Court-house, and consider the subject of temperance. The meeting was held at three o'clock in the afternoon, and, for those days, was really large and respectable. Many old citizens were



present, who were quite familiar with old whiskey, and upon whose cheeks it blossomed forth in purple dyes. To these, and indeed to a great body of people in the West, a temperance speech was a new idea. Dr. Drake was the speaker, and they listened to him with respectful attention, and were by no means opposed to the object. The speech, however, was long. The doctor had arrayed a formidable column of facts. The day was hot, and after he had spoken about an hour without apparently approaching the end, some one, out of regard for the doctor's strength, or by the force of habit, cried out: 'Let us adjourn a while and take a drink!' The meeting did adjourn, and McFarland's tavern being near by, the old soakers refreshed themselves with 'old rye.' The meeting again assembled, the doctor finished his speech, and all went off well. Soon after the temperance societies began to be formed, and the excitement then begun has continued to this day."

"After three years of Journalism and professional practice, Dr. Drake found these insufficient to satisfy the activities of his mind. He still longed for what he knew he was specially qualified—the office of medical teacher in a great school; and he still cherished the idea that such an institution would yet rise in Cincinnati. In this frame of mind he accepted, for a temporary purpose, a professorship in the new school at Philadelphia, acting under the charter of Jefferson College. He seems to have accepted this place with an undefined idea of the result; but, obviously with no intention of removing there. It served the purpose of a post of observation, whence he could survey the ground and choose his position. Arrived at Philadelphia, for the third time, he appeared before them in the new and more eminent character of a successful and distinguished teacher of medicine, where he had once been an humble student. Twenty-five years before, he came there a young man, raw, and almost unlettered, with only his own energy for support, and only his ambition for guide. Having exhausted his last dollar and borrowed of friends, he was obliged to leave the University without a degree. Twelve years after, he returned a successful practitioner, but an earnest student, to earn the degree which he received; and now, he returned again to take rank with the greatest professors, and wear honors hardly won in the several fields of study and conflict. It was honorable to him—it was honorable to the West—it was a fine example to ambitious youth, that he had been able to pursue such a career, and from the dim backwoods, by his own exertions, emerge and come to the front rank of enlightened and learned society."

The above is truly said. But one winter fairly answered all the intentions of his going to Philadelphia; he showed his powers in the great metropolis of medicine; he measured minds with the great men of Philadelphia, and was not found wanting; in the Medical Society he displayed, as I am truly informed, overwhelming powers of argumentation and debate; he extended his profitable acquaintance, and formed the most

desirable associations—so that he could return to his people with exultation, *carior sibi with a higher opinion of his own merit.*

On his return, he prevailed on the Trustees of the *Miami University* at Oxford, to establish a medical department at Cincinnati, as the Trustees of Cannonsburg had established their prosperous Jefferson College at Philadelphia. This was to be opened in 1831, with the formidable names of Daniel Drake, Geo. McClellan, John Eberle, and others. But evil was too often crossing the straightforward path of Drake. The friends of the *College of Ohio*, for this was still dragging on a sickly life, fearing the powers of the new institution, very artfully effected a union of the rival schools, and the Miami College was therefore abandoned. A professorship was provided for Drake, but as it was a mere supplement, he resigned it the next year. McClellan and Eberle had remained in the Jefferson.

The cholera soon after invaded Cincinnati, affording Drake a subject of investigation worthy of his powers—

“Now, Dædalus, behold by fate assigned,  
A task proportioned to thy mighty mind.”

He was an active and philanthropic physician throughout the whole epidemic, but it does not appear that even Drake's brilliancy could enlighten us much on this mysterious disease. He wrote a little book on the subject, but as it revealed nothing, it did not find a wide circulation.

During the three years that followed this pestilence, Drake enjoyed a season of comparative peace and exemption from painful collisions. He pursued his practice, was surgeon of the *Eye Infirmary*, and Editor of the *Journal*. His son Charles, now of St. Louis, was just entering at the bar, and his two daughters were old enough to profit by a community of minds; he therefore built himself a family house, and established a literary association of distinguished ladies and gentlemen to meet in his parlor for mutual improvement.

“The subjects were always of the suggestive or problematical kind, so that the ideas were fresh, the debate animated, and the utterance of opinions frank and spontaneous. There, in that little circle of ladies and gentlemen, I have heard many of the questions which have since occupied the public mind, talked over with an ability and a fulness of information which is seldom possessed by larger and more authoritative bodies. To the members of that circle, these meetings and discussions



were invaluable. They were excited to think deeply of what the many think superficially. They heard the doctor's bell with the pleasure of those who delight in the communion of spirits, and revel in intellectual wealth. Nor was that meeting an unimportant affair; for nothing can be unimportant which directs minds whose influence spreads over a country; and such were here. I do not say what impressions they received; but I know that persons were assembled there, in pleasant converse, such as seldom meet in one place, and who since, going out into the world, have signalized their names in the annals of letters, science, and benevolence. I shall violate no propriety in naming some of them, for those whom I shall name have been long known to the public. Dr. DRAKE was himself the head of the circle, whose suggestive mind furnished topics for others, and was ever ready to incite their energies and enliven the flagging conversation. General EDWARD KING was another, who, in spirit, manners, and elocution, was a superior man, having the dignity of the old school, with the life of the new. His wife, since Mrs. PETERS, and widely known for her active benevolence, and as the founder of the Philadelphia School of Design, contributed several interesting articles for the circle, and was a most instructive member. Judge JAMES HALL, then editor of the Western Monthly Magazine, whose name is known both in Europe and America, was also there. Professor STOWE, unsurpassed in biblical learning, contributed his share to the conversation. Miss HARRIET BEECHER, now Mrs. STOWE, was just beginning to be known for her literary abilities, and about that time contributed several of her best stories to the press. She was not a ready talker, but when she spoke or wrote, showed both the strength and the humor of her mind. Her sister, Miss CATHARINE BEECHER, so well known for her labors and usefulness in the cause of female education, was a more easy and fluent conversationalist. Indeed, few people have more talent to entertain a company, or keep the ball of conversation going, than Miss Beecher; and she was as willing as she was able. Conspicuous, both in person and manners, was Mrs. CAROLINE LEE HENTZE, whom none saw without admiring. She was what the world calls charming, and though since better known as an authoress, was personally quite remarkable. She, and her highly educated husband, a man on some subjects quite learned, but of such retiring habits as hid him from the public view, were then keeping a popular female seminary in Cincinnati. They were among the most active and interesting members of our coterie. I might name others, whose wit or information contributed to the charms of our intercourse, but I should want the apology which public fame has given to the mention of these."

In 1833, was founded the "*College of Teachers*," the object of which was "to unite and improve teachers and to commend the cause of education to the public." This Institution included some very distinguished ladies and gentlemen. Drake was of course the leader, and he wrote, lectured, and delivered orations. Among these was a discourse on the *Philosophy of Family, School*

and *College Discipline*. This was published in the *Trans. of the College of Teachers* for 1834, and was considered as one of his ablest productions; a few passages which our author has quoted, afford some brilliant corruscations of eloquence.

Dr. Mansfield gives some account of the distinguished gentlemen and ladies who composed this college, which shows with what noble minds Drake was in constant communion. After having published five or six volumes of *Transactions*, the members became gradually scattered over the earth and the College perished—"omnia orta occidunt." In its meetings, says Dr. Mansfield, "I have heard such discussions as I have neither heard nor read of elsewhere."

"In listening to such men discuss some of the most important points in education, connected in the first place with the metaphysics of the human mind, and then with great social interests to flow from them, I have received a pleasure and a benefit—in vain sought among the ordinary pursuits of human life. The memory of these discussions lingering in my mind calls up the delightful company of friends, and the intellectual brilliance which surrounded them."

Chapter XI is entirely devoted to a review of his labors and travels in the cause of internal improvement; particularly in relation to canals and railroads. Shortly after the Revolutionary war, Dr. Rush predicted in a public discourse, but not without exciting some incredulous smiles, that the time was near when ships would be built at Pittsburg and freighted to Europe. In like manner Drake, in his *Picture of Cincinnati*, published in 1815, had traced the various canal routes which have since been used for connecting the lakes with the Ohio. Such were the telescopic powers of these great men. Drake wrote, travelled and declaimed much in the cause, and it is made almost clear that he was the first to project the great railroad from Charleston to Cincinnati; certain it is, that he was the first to propose it to the world.

It was in the years 1835 and 36 that he expended much of his time and energy in the railroad cause, and yet in these very years he found another business sufficient to occupy almost any other mind. The *Medical College of Ohio*, of which Drake was the founder, and from which he was expelled, had been dragging on a miserable existence, notwithstanding some attempts by the Legislature to reform and sustain it; therefore an attempt was



made to establish a medical department in the *Cincinnati College*, an institution which had sprung from the *Lancasterian School* formerly established by Drake. A very strong faculty was procured, including Drake, Gross, and our own beloved James B. Rogers. The professors were cordially united; they labored assiduously; students flocked to their standard; one thing only was wanting to complete success and the happy establishment of Drake in his favorite business, the teaching of medicine. Money could not be procured to repair dilapidated buildings, and procure the various apparatus of a great medical school; the expense therefore falling too heavy on a portion of the faculty, they were compelled to abandon the undertaking, after four years of profuse private expenditure.

Drake was soon after elected a professor in the *Medical Institute* of Louisville, whither he removed about 1840. What success attended his labors here, our author does not say, though he must have remained about nine years. The Trustees having limited the professorial age to 65 years, Drake who was now approaching the interdicted year, very wisely resigned. He was immediately elected to the *Medical College of Ohio*, which he had founded thirty years before.

"The old asperities and controversies had passed away, and with none more entirely and completely than with him. He had forgiven, and he resolved to forget, whatever intervened between him and peace with his fellow-men. He therefore accepted the chair offered him, and for one season lectured, for the last time, within the walls of the Medical College of Ohio."

After he had lectured here one year, the Trustees at Louisville found it convenient to rescind their resolution respecting age and Drake was recalled. But he remained here only two years, for old age was now at his heels and he wished to return to Cincinnati to spend the remainder of his days. "A ceaseless attraction," says Dr. Meigs, "drew him near the spot where rested the remains of her whose image was always present;—that was his home, there he wished to die and be buried." He was then elected professor in the *Medical College of Ohio*, and he engaged with the utmost zeal and alacrity in preparing for the coming course. The faculty was very able and quite harmonious and he had reason to expect some years of active life, for his body was yet vigorous and his mental vivacity undiminished;

so that he might hope for a peaceful home in the evening of life, and to see his setting sun go down unclouded—gilding with his last rays his beloved *College of Ohio* whose image, to use his own words, “glowing in the warm and radiant tints of earlier life, was ever in his view.”

But, alas for human hopes—death was even now at his door—*αλλα τοι ηδη αρχι παρστηκεν θανατος*. He had hardly begun his course when he found himself much indisposed; and evidently from want of that timely care which physicians like others too often neglect in their own cases, he ceased from his labors on the 5th of Nov. It is consolatory to know that he was attended constantly by his daughter Mrs. Campbell and by his son-in-law A. H. McGuffey, Esq.; to this daughter we are indebted for the particulars of his last sickness and death.

He was confined to his house only nine days, but part of this time was spent in great distress of the brain and nervous system. In the beginning of his sickness he expressed a hope that God would spare him till his “great work” might be accomplished; but towards the last he said that even for this favorite object he had no desire to remain. He found himself incapable of attending effectually to religious concerns, but trusted that he had made a sure covenant with his Maker long before, and the memory of this was now as he said his “unspeakable comfort.”

We have now given from this faithful biographer a general view of the life and labors of this excellent man; but the spirit of the book, the vivid life of Drake, we could not transfuse—these must be sought in the book itself. In summing up the character of this object of his admiration and love, Dr. M. has quoted largely from Dr. Gross; so authoritative, so pertinent, and so true are these quotations, that if space permitted we should copy them entire.

The personal appearance of a distinguished man is always expected. He was above the middle stature, rather slender but well proportioned; his face was handsome, and when kindled up by some brilliant thought or fervid emotion, his fine blue eyes “of wondrous powers and penetration, fairly twinkled in their sockets.” His countenance always denoted thought and in conversation it beamed with intellect. His language flowed slowly but very correct, his voice was mild and clear, rather below the



ordinary key, and his elocution was distinct and easy. He was, as we saw him, totally free from dogmatism, being rather inquisitive and suggestive, with even a semblance of diffidence. His step was quick and elastic. He appeared incapable of fatigue either in body or mind, and all that he did or said denoted energy and firmness.

In his social relations he appeared to have been in a high degree amiable and attractive. He loved his friends and they loved him. His house was the abode of a simple but generous hospitality where very many found a cheerful welcome and particularly all strangers of note. His biographer, who was his fellow traveller for many thousand miles, found that he was endowed with a most happy faculty of introducing himself among strangers, and of winning their benevolence and courtesy. He had therefore acquired what Chesterfield says contributes more than anything else to success in life—"an imposing first appearance."

His habitual industry was carried almost to excess. He seems to have always had present in his mind the old maxim, that "minutes are the gold dust of time," hence he acquired, like Priestley, the art of reading and study at the family fire-side, with his child on one arm while writing with the other.

In the all-important subject of religion, Drake had the advantage of early training. Savage, that unfortunate child of genius, says:—

No mother's care  
Shielded my infant innocence with prayer,  
No father's guardian hand my youth maintained  
Called forth my virtues and from vice restrained.

The very contrary was the fortunate lot of Drake; his parents were pious and their sincerity obtained the early confidence of their son; so successful then was their teaching, that he was never ensnared by a single vice. He always professed Christianity, and about twelve years before his death, after having thought on the subject a long time, he joined the Episcopal Church in full communion; and as it was not his way to leave anything *undone which ought to be done*, he became a very devoted member. Thinking intensely on any subject always drew forth his pen, hence he wrote for the *Episcopal Recorder* of Philadelphia, a series of able articles with the signature of a *Western Layman*. He was one of the founders of the *Society*

for the promotion of *Evangelical knowledge in the Church*, and he wrote their address to the public; for in whatever was undertaken of public utility, he was always sought for as the leading spirit. He was ever ready, like the good Rush, to acknowledge his faith in religion, of which readiness he gave a most noble example about ten days before he went to receive his reward. It was at a great meeting in honor of Webster that he rose and tenderly exhorted the people to remember that this great man resorted in his last hours to the merits of a Saviour. If the giving of a cup of cold water shall not miss its reward, what will be the reward of this noble exhortation?

He has been accused of being too sensitive to blame and too severe in recrimination; but this was in his earlier days when he was opposed by perverse and weakly minds. He had such large and exalted and generous views of public affairs, that to find public utility thwarted by weakness and folly, was to him no common annoyance. His sense of the duties he owed to the public, was very tender, he did not live for himself alone, hence proceeded all his severity of recrimination. That this never ran into excess, would be to claim for Drake an approach to perfection hardly ever attained.

With respect to his writings, they have been so numerous and on such a variety of subjects that our readers cannot expect of them a particular notice. It would appear that in whatever he or his friends undertook, he was called upon for an oration or an essay, and that he was *semper paratus* always ready to respond. As grinding with the hand-mill in his father's cabin had prepared him for the grinding of quicksilver in Dr. Goforth's shop, so he seems to have been always prepared by some previous training, some fertilization of the mind, for every mental effort; his was not the "*ingenium vano se robore jactans*."

Whether Drake pursued his deficient scholastic studies systematically or merely caught what chance offered or necessity required, we are not informed; nor are we told that he attained his beautiful style by any particular course of reading. Poets have generally excelled in prose, and Drake seems to have viewed all nature with poetic eyes; but whether he was addicted to the reading of poetry, our author has not informed us. But in many of the prose quotations that adorn this biography, there is wit and



humor and imagery that denote a high degree of poetic talent, and the poetry quoted sufficiently proves, that he could bring this talent into use. Few medical writers have the lively, spirited, vigorous style of Drake. It is constituted in strong common sense, and is very simple, full of thought and sentiment, without embarrassing involutions. He has furnished a model of medical writing, which it would be well for the young physicians of America to study and imitate; as to us old people, we must be contented with writing as we can, and lament that we neglected Rush and had not Drake.

His mental powers were very great, as shown by his ready adaptation to whatever he undertook or was imposed upon him. Wherever he appeared in the West, he was the leading star, and when he came to Philadelphia, he was not eclipsed. We remember hearing long ago from Dr. George McClellan, and we have just been assured by another most competent witness, that in debate he displayed great powers, and that in the *Phil. Med. Soc.* he bore down all opposition in the majestic march of his intellect. With respect to his "great work" we should be glad to write a few pages, but this article is already too long. It has made the name of Daniel Drake respected in foreign lands, and therefore it ought, as well as the biography of its author, to be found in the hands of every American Physician.

Our old preceptor used to tell his class, that every young man aspiring to eminence ought to read the lives of Linnæus and Priestley; to these let us add the life of Drake. Such men sufficiently prove the truth of Sallust's position, that industry is wanting to man, not additional powers or longer life. *Falso queritur de natura sua genus humanum, &c.*

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*A Treatise on Fractures in the vicinity of Joints, and on certain Forms of Accidental and Congenital Dislocations.* By ROBERT WM. SMITH, M. D., M. R. I. A., Fellow of the Royal College of Surgeons in Ireland, &c., &c. Dublin: Hodges & Smith, Grafton st. New York: Samuel S. & William Wood, 261 Pearl st. 1854. 8vo pp. 314.

The previous issues of this work have already gained for it an enviable reputation. Since its first appearance in 1847, it has

been constantly acquiring a higher position in surgical literature. A collection of a few practical papers on special surgical injuries could hardly be expected to gain a very extended circulation, unless embodying views which are available to the general practitioner, for there are comparatively but few in our profession who are sufficiently interested in the subject of fractures to render it a popular work, and yet no one can examine its pages without the conviction that it is no ordinary book. No one can glance at its carefully executed illustrations without admitting its great superiority over every other book of its kind which has yet appeared; much less can any one carefully peruse its contents and rise from it without being convinced that it has been the result of great labor, careful investigation and philosophical deduction.

Some of our readers may inquire, whether there is anything new on this subject, whether these injuries are not the same now as formerly, or whether Sir Astley Cooper's work on the subject is not sufficient; to such a one we would reply by inquiring of him whether he has ever experienced any difficulty in clearly satisfying his own mind as to whether a fracture of the neck of the thigh bone, has occurred within or without the capsule? Perhaps he may remember Sir Astley Cooper's mode of discrimination and feel satisfied with his knowledge upon this subject, based upon such authority, but if he will read the volume before us, he will find Sir Astley's opinions on some points reversed, and for reasons which he must admit to be entirely satisfactory. Consequently we consider that such a work should find a place, not only in the library of teachers of surgery and hospital surgeons, but should be in the hands of every one who may be called upon to treat so important an injury as a fracture in the vicinity of a joint.

In connection with the subject of fractures of neck of the femur, he has given the history of a large number of cases, and illustrated the injury by many beautiful wood-cuts. Let the reader study, for instance, Chapter I, on Fractures of the Neck of the Femur, and we are sure that it will amply repay him.

After tabulating 60 cases, he deduces the following conclusions:

"1. A slight degree of shortening, removable by a moderate extension of the limb, indicates a fracture within the capsule.



2. The amount of *immediate* shortening, when the fracture is within the capsule, varies from a quarter of an inch to one inch.

3. The degree of shortening, when the fracture is within the capsule, varies chiefly according to the extent of laceration of the cervical ligament.

4. It also varies according as the fracture is impacted or otherwise.

5. In some cases of intracapsular fractures, the injury is not immediately followed by shortening of the limb.

6. This is generally to be ascribed to the integrity of the cervical ligament.

7. In such cases, shortening may occur suddenly, at a period more or less remote from the receipt of the injury.

8. This sudden shortening of the limb is in general to be ascribed to the accidental laceration of the cervical ligament, previously entire, and is indicative of a fracture within the capsule.

9. The deposition of callus around the fragments is not necessary for the union of the intracapsular fracture.

10. When osseous consolidation occurs in the intracapsular fracture, it is effected by the direct union of the broken surfaces, which are confronted to each other.

11. The osseous union of the intracapsular fracture is most likely to occur when the fracture is of the variety termed "impacted."

12. In the intracapsular fracture, the mode of impaction is different from that which obtains in the extracapsular.

13. The degree of shortening, when the fracture is external to the capsule, and does not remain impacted, varies from one inch to two inches and a half.

14. When a great degree of shortening occurs immediately after the receipt of the injury, we usually find a comminuted fracture external to the capsule.

15. The extracapsular fracture is accompanied by fracture with displacement of one or both trochanters.

16. The extracapsular *impacted* fracture is accompanied by fracture without displacement of one or both trochanters.

17. In such cases, the fracture of the trochanters unites more readily than that of the neck of the bone.

18. The degree of shortening, in the extracapsular impacted fracture, varies from a quarter of an inch to an inch and a half.

19. The exuberant growths of bone met with in these cases have been erroneously considered to be merely for the purpose of supporting the acetabulum and the neck of the femur.

20. The final cause of their formation is the union of the fracture through the posterior intertrochanteric space.

21. The difficulty of producing crepitus, and of restoring the limb to its normal length, are the chief diagnostic signs of the impacted fracture.

22. The position of the foot is influenced principally by the obliquity of the fracture and the relative position of the fragments.

23. Inversion of the foot may occur in any of the varieties of fracture of the neck of the femur.

24. When the foot is inverted, we usually find that either a portion or the entire of the extremity of the lower is placed in front of the superior fragment.

25. In cases of comminuted extracapsular fractures, with fractures and displacement of the trochanters, the foot will generally remain in whatever position it has been accidentally placed; it may be turned either inwards or outwards, or there may be inversion at one time and eversion at another.

26. Severe contusion of the hip-joint, causing paralysis of the muscles which surround the articulation, is liable to be confounded with fracture of the neck of the femur.

27. Severe contusion of the hip-joint may be followed, at a remote period, by shortening of the limb and eversion of the foot.

28. The presence of chronic rheumatic arthritis may not only lead us to suppose that a fracture exists when the bone is entire, but also, when there is no doubt as to the existence of fracture, may render the diagnosis difficult, as to the seat of the injury with respect to the capsule.

29. Severe contusion of the hip-joint, previously the seat of chronic rheumatic arthritis, and the impacted fracture of the neck of the femur, are the two cases most likely to be confounded with each other.

30. Each particular symptom of fracture of the neck of the femur, separately considered, must be looked upon as equivocal; the union of all can alone lead to the formation of a correct opinion as to the nature and seat of the injury."

We copy the above not merely for the purpose of giving our readers some idea of the results of the author's labors upon the first chapter, but in order that they may acquaint themselves with the most recent views upon this subject. We should like to give the conclusions obtained by the author upon all subjects of which he treats, but must content ourselves with a bare enumeration of them.

The second chapter treats of Chronic Rheumatic Arthritis of the Hip Joint, and is illustrated by wood cuts, illustrative of this interesting pathological condition.

In the third chapter the author considers the subject of fractures of the bones of the Fore-arm in the vicinity of the wrist Joint. This fracture has of late years received considerable attention from surgical writers, both in this country and abroad, although it was, until very recently, considered as Desault's luxation of the wrist. Mr. Smith's account of the fracture not only places Mr. Colles' paper published in 1814 upon this subject in its true position, but enters also very fully into the seat and nature of the injury; he asserts, however, that the



situation of the fracture is not so high as Colles states it to be, "at about an inch and a half above the carpal extremity of the radius," but that he has never seen it "more than an inch above the carpal end of the bone; in the majority of cases it is not so much." This is unquestionably the true seat of the injury, as is abundantly evidenced by the numerous illustrations with which this chapter abounds.

In the fourth chapter the author gives an account of the Fractures of the Humerus, in the vicinity of the Shoulder Joint, in which several injuries of the part are accurately pointed out, viz: those in which the fracture traverses the bicipital groove, by which the greater tuberosity is detached from the head of the bone; impacted fractures of the neck of the humerus, of which there are two varieties, extra-capsular and intra-capsular; and separation of the superior epiphysis from the shaft of the humerus.

In the fifth chapter the author considers the subject of fractures of the acromial extremity of the Clavicle. The particular bearings of the conoid and trapezoid ligaments upon fractures in this portion of the bone are commented upon, as well as the deformities which arise when the fracture is between the ligaments, or when it occurs internally or externally to them.

In addition there are chapters upon Dislocations of the Bones of the Foot, Congenital Luxations of the Wrist joint, Shoulder joint, and Dislocations of the Lower Jaw.

In all of these the writer shows not only great familiarity with the subject upon which he writes, but also a discriminative judgment in arriving at his conclusions.

Again we say, that the above work does the author great credit, and that the publishers have brought it out in a style becoming its merits. We are glad to see that it has the imprint of an American publishing house, and hope that it will have a more extensive circulation.

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*Letters to a Young Physician just entering upon Practice.* By JAMES JACKSON, M. D., Professor Emeritus of the Theory of Practice in the University at Cambridge, &c. Boston: Phillips, Sampson & Co. 1855.

Dr. Jackson, it is well known to most of our readers, is an

eminent practitioner of Boston, whose professional attainments and unstained character have obtained their legitimate rewards in the love and respect of every one who knows him. A book from such a man could not fail to be instructive, and its lively and often original descriptions and simple yet graceful style, render it a most agreeable one. The work is, in many respects, *sui generis*, as it not only contains the results of the author's large experience on many points that are interesting to the profession, but discusses, also, the obligatory duties and proper mode of behaviour of the young physician. No parts of it, indeed, will be read with so much interest as those which touch upon these latter points, and were there nothing else to commend in it, they would alone stamp it as the production of a sensible, generous and high-toned mind. They will be chiefly found in the prefatory letter to his friend Dr. J. C. Warren, in the introduction, and in the first letter; and we feel confident that wherever they are read, or by whom, they will be felt to be the words of truth and wisdom.

We regret that our limits will not allow us to make any extracts; we had marked several passages for this purpose, both in the portions we have just mentioned and in the more strictly medical parts of the work, but are so "conditioned in space" that we are obliged to omit them all. We would earnestly urge our readers, however, to read the work themselves; they will find it everything we have described it to be.

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*An Analytical Compendium of the various Branches of Medical Science, for the use and examination of Students.* By JOHN NEILL, M. D., and J. G. SMITH, M. D., &c. *A new edition revised and improved.* Philadelphia: Blanchard & Lea. 1856.

We are pleased to see that the above work is in its third edition. This demand for it, and what is of equal import, the high character of its authors as teachers, are sufficient guarantees that it is well adapted to the wants of the two classes for whose benefit it was chiefly written—students and their instructors.

The preface states that neither time nor labor have been spared in embodying in it all the recent discoveries and improvements, together with "such alterations as have been suggested by its practical use in the class and examination room."



We recommend it to our readers as the best work of its kind with which we are acquainted.

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*Contributions to the Physiology of Sight.* By Dr. T. C. HILGARD, of Philadelphia. Cambridge: Metcalf & Co. 1856.

In this paper, extracted from the Proceedings of the Providence Meeting of the American Association for the Advancement of Science, the writer endeavors to show that accommodation for distances by the eye is produced by voluntary muscular action, by which force the eye-ball becomes flattened or elongated in the direction of its axis: the muscles being *relaxed* for great distances and *contracted* for short ones. He also states that the sole office of the retina is to distinguish the form and color of objects, their size and distance being determined by the *mind*, or rather by the memory and experience, resulting from the frequent use of the sense of touch. Some remarks are made upon complementary colors, as well as upon the effect produced by indistinct outlines in painting, the latter illustrated by Raphael's painting of the Madonna di Sisto.

The style in which the paper is written greatly mars its effect. It is, however, well worth reading.

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## THE MEDICAL EXAMINER.

PHILADELPHIA, APRIL, 1856.

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### MEDICAL NEWS.

AMERICAN MEDICAL ASSOCIATION.—The Ninth Annual Meeting of the American Medical Association will be held in the CITY OF DETROIT, Michigan, on Tuesday, May 6th, 1856.

The secretaries of all societies and other bodies entitled to representation in the Association, are requested to forward to the undersigned correct lists of their respective delegations, *as soon as they may be appointed*; and it is *earnestly* desired by the Committee of Arrangements, that the appointments be made at as early a period as possible.

The following extracts are from Article 2d of the Constitution :

" Each local society shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half this number.

" The Faculty of every regularly constituted Medical College or chartered school of medicine, shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital, containing a hundred patients or more, shall have the privilege of sending two delegates; and every other permanently organized medical institution, of good standing, shall have the privilege of sending one delegate.

" Delegates, representing the Medical Staff of the United States Army and Navy shall be appointed by the Chiefs of the Army and Navy Medical Bureau. The number of delegates so appointed shall be four from the army medical officers, and an equal number from the navy medical officers."

The latter clause, in relation to delegates from the army and navy, was adopted as an amendment to the Constitution, at the meeting of the Association held in New York, in May, 1853.

\* \* Medical Journals, &c., please copy.

WILLIAM BRODIE, M. D., Detroit, Mich.,

One of the Secretaries.

We are requested to state that the meeting will be held in Firemen's Hall, corner of Jefferson Avenue and Randolph Streets, where gentlemen will be found ready to give all information relating to the accommodation of members. Similar information may be obtained, also, at Dr. Brodie's Office, No. 135 Jefferson Avenue, Masonic Hall.

APPOINTMENTS.—DR. JAMES J. LEVICK has been elected a Physician to the Pennsylvania Hospital. The Medical Board, as now constituted, consists of Drs. Wood, Pepper, Gerhard and Levick; the Surgical, of Drs. Norris, Peace, Neill and Pancoast.

DR. ALFRED T. KING, of Greensburg, Penna., has been appointed Professor of Practice, and DR. GEORGE DOCK, Professor of Surgery, in the Philadelphia College of Medicine. Dr. Dock is well known to the readers of the Examiner through his various and excellent contributions to its pages.

A *mandamus* has been granted by the Supreme Court of the State of Michigan, compelling the Board of Regents of the University to appoint



a Professor of Homœopathy, according to the act of the Legislature that created the chair, or else to show cause why the same is not done. We should not imagine it to be very difficult to meet the last alternative.

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Dr. O. C. GIBBS, formerly of Perry County, Ohio, has lately moved to Frewsburgh, Chataque County, N. Y. We have not the pleasure of knowing Dr. G., but judging from the articles he has contributed to the Examiner, as well as to other medical journals, we believe him to be a gentleman in every way worthy of the confidence and respect of the public. We wish him success in his new location.

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We learn from the report of the Chief Resident Physician of the Philadelphia Hospital, Dr. R. K. Smith, that during the last six months 3,019 patients were under medical treatment, of whom 2,077 were discharged cured, 289 relieved, 291 died, and 362 are now in the house. The per centage of deaths for the number treated was a single fraction of a hundred over nine per cent., and in the Lunatic Asylum, where 554 cases additional to the above were under treatment, was but 5 41.100.

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Dr. Kirkbride's report of the Pennsylvania Hospital for the Insane, for 1855, informs us that the total number of patients in the Hospital, during the year was 399; the highest number at any one time was 242, the lowest, 223. 176 were admitted and 169 discharged.

Of the discharged, 101 were cured; much improved, 13; improved, 23; stationary, 11; died, 21.

A considerable part of the Report is taken up with an earnest appeal to the public for assistance in erecting and endowing a new hospital for the insane, on ground contiguous to the present institution. The need is a great one, and we ardently hope that the small amount required will be soon procured.

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On the Continent during the past month there does not seem much of novelty. M. Paul Dubois has been inquiring into an endemic of puerperal fever which has been prevalent in Paris, very inopportunistically for the accouchement of the Empress Eugenie, which occurs in a few days. From various communications with the French capital, and from meeting various Paris men recently in London, it seems they now understand how to treat those cases better than they did. Dr. Ch. Martius has published a series of sketches recently (in the *Deutsche Klinik*,) of what he has seen in London, and some of the views of Graves to "feed

fevers," and of Dr. Todd to treat a whole host of inflammations in the same way, has caused an extraordinary sensation generally through France and Germany. Mr. Skey has been giving some most admirable lectures also in London on chronic abscesses, in a surgical point of view, he believing they have their origin in a state of the system half fever, half inflammation, which he calls "below par," of which he has been giving a series of most brilliant exemplifications. Dr. Todd's erysipelatous poisoning of the blood from fever, Skey's "below par," and Graves's "feeding fever," have all a common origin; so much so that Mr. Skey now tells his class they have learnt too much surgery, and they must give it up for medicine!—*Dublin Med. Press.*

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The University authorities of Edinburgh have awarded a pension of £250 per annum to Dr. Alison, Emeritus Professor of Medicine. We believe that the Patrons and Senatus have, in this instance, given the largest amount at their disposal. In addition, Dr. Alison's case is deserving the attention of Government, and we trust that proper means will be adopted to have it adequately represented in the right quarter. Eminence in medicine, like eminence in any department of science or art, is entitled to public recognition; but Dr. Alison's labors among the poor, and his important investigations regarding pauperism and epidemics, have placed him in the foremost ranks as a public benefactor, and have established a claim which no government could consistently overlook.—*Edinburgh Med. Journ.*

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We publish the following circular with much pleasure:

HALL OF THE "AMERICAN MEDICAL SOCIETY IN PARIS,"  
*Rue des Quatre Vents, No. 6, Paris, July 4th, 1855.*

SIR,—In obedience to a resolution of "The American Medical Society in Paris," the undersigned, in addressing you a copy of its lately published Constitution and Catalogue, have been instructed at the same time to direct your attention to certain facts in regard to the Society, which it is hoped may prove of interest to you and to the profession generally in the United States.

This Society occupies an exceptional position, and one which might enable it to be the medium of doing great service to the profession in the United States, by means of an international exchange of professional labors.

The American physician still encounters in the wards of the Parisian Hospitals the sneering question, "What have you ever done in America to advance the science of Medicine?"

The almost complete forgetfulness with which the profession of the United States is passed over on the one hand, and the ridicule with



which it is treated on the other, have taught such of us as know most of the opinions and the tone of the medical men of this country, that a remedy for this state of things is demanded, and that some means ought to be adopted to put the remedy into execution.

There are honorable exceptions to these appreciations of the labors of the profession in the United States, but they do not extend to any considerable portion of the profession of this country; and when we hear so distinguished a man as the learned Professor of Surgery of the Faculty of Medicine of Paris, declare in his official lecture at the School of Medicine, while ridiculing American pretensions to originality in surgery, "that because Americans had discovered Anæsthesia, they had become so puffed up as not to be able longer to realize their true position in the world of Surgery," we think that some efforts ought to be made by the profession in the United States to correct this erroneous estimate of their labors, and to show to the profession of France that their brethren of the United States have rendered valuable services even to French Surgery.

"The American Medical Society in Paris" has, by the facts which it has furnished from time to time to French Medical Authors, contributed in a measure to dissipate these mal-appreciations, and has thus succeeded in introducing into French works flattering notices of the successes of American Surgery—successes of which the eminent French authors had no previous knowledge, and which would never have found a place in their works, but for the existence of the American Library at Paris.

The Committee therefore appeals to the profession in the United States, to authors and publishers especially, to send contributions to the Library of "The American Medical Society in Paris."

The Society places its claims for the sympathy of the profession at large upon national grounds; for from its geographical position and frequent change of members, it is supported more by patriotic than by personal motives, and it is upon these grounds that this appeal is made.

Through the politeness of Mr. Bossange, bookseller, No. 138 Pearl street, New York, to whom all books should be addressed, and the obliging forwarding house of Messrs. Livingston, Wells & Co., No. 8 Place de la Bourse, Paris, all contributions addressed to the Society will arrive safely.

W. E. JOHNSTON, M. D., <i>Pres't.</i> ,	} <i>Committee.</i>
DAVID P. HOLTON, M. D. <i>Libr.</i> ,	
SAML. GOURDIN, M. D., <i>Cor. Sec'y.</i>	

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OBITUARY.—Died, on the 13th of February, PROF. ISAAC A. PENNYPACKER, of the Philadelphia College of Medicine, in the 44th year of his age. Dr. Pennypacker's many excellent qualities render his loss a severe one to all who were acquainted with him.

## RECORD OF MEDICAL SCIENCE.

*Observations on the Use of Crystallized Subacetate of Lead in Hypertrophy of the Heart.* By J. L. BRACHET.

[Paper read to the Academie de Medicine.]

When the diseases of the heart are considered, and above all aneurism, the physician can not but view with dread the terrible anathema placed at the head of the work of Corvisart, "*hæret lateri lethalis arundo.*" Experience has unfortunately but too well confirmed its truth. The efforts of Albertini, Valsalva, Lænnec, Hope, Kreysig, and more recently, those of Bouillaud, have been far from producing the brilliant results promised from them. Science and humanity yet demand means of cure. Bleeding, modified in many ways, digitalis, the cyanides and other sedatives, ammonia, quinine, the preparations of iron, acetate of potassa, mineral waters, and regimen, have in their turns taken a stand and inspired hopes, which have not been fulfilled. But should this deter us from further research for the discovery of more efficacious means? Should we recoil before the many difficulties which beset our path? You at least, gentlemen, will not think thus.

I beg to submit to you a few facts concerning aneurism; I trust I may be able to call the attention of practitioners to this important subject, and to a remedial agent which has succeeded well in my hands. My experience dates back for thirty years. In 1848, in my prize essay on colica pictonum, I stated that I had made frequent use of the acetate of lead in large doses, without ever inducing any unpleasant effects. I then had reference to its use in the treatment of aneurism. Since that time I have continued to use it on all occasions that presented themselves for its exhibition, and have thus been enabled to collect many observations concerning the effect it produces. It would be an abuse of your patience to enumerate all of them at this time, more particularly as my principal desire is simply to call your attention to this plan of medication; I shall therefore confine myself to the report of a few cases.

Case 1st.—A son of M. N. had been at boarding school for several years. At the age of twelve it was first remarked that he showed symptoms of oppression in his breathing after exercise, and subsequently that the action of the heart was much increased. For nearly three years he was subjected to all rational treatment. Bleeding; the preparations of digitalis; hydrocyanic acid in all its forms; nothing seemed to answer; a few days relief would be followed by a recurrence of the symptoms. The patient was removed from school. He was thought to be affected with aneurism. He was at this time fifteen years of age. When first I saw him he presented all the signs of precocious adolescence: his heart beat with great force and over a large space; the least movement caused an increase in the palpitations and the symptoms of oppression. All his symptoms indicated hypertrophy of the left ventricle considerably advanced. I began my treatment by blood-letting to twelve ounces,



enjoined repose, and ordered emollient drinks, with the cherry laurel water. A week after this his symptoms seemed to have moderated; the palpitation was less marked. The mild treatment was continued; two weeks elapsed without further improvement; digitalis was then ordered in medium doses; a month later no result from the treatment. I then thought of the sugar of lead which I had seen used by Dupuytren, and ordered it combined with digitalis in the following manner:

Plumbi Acetatis, ℥ii;

Extracti Digitalis, ℥i. m., ft. pil. No. 20.

The patient took one of these pills morning and night. Five days after beginning the treatment the action of the heart was less violent but the impulse was as diffuse as before. One pill more was ordered in the morning. At the expiration of another five days further improvement. Dose increased to two pills morning and night. This treatment was continued for two months. The patient was seen every five days. At each visit the symptoms were found to be less intense and the volume of the heart sensibly diminished.

The treatment was now suspended for fear of inducing the toxic effects of the lead. Ten days afterwards condition of patient the same. No farther treatment for some time. The patient, becoming tired of confinement, desired to take exercise. Every time that he went out he returned more and more fatigued; the effort of ascending the stairs increased the palpitation which gradually assumed a character and permanence indicative of a return of his disease; repose was again ordered and the use of the medicine recommenced. A change for the better was soon observed. The continuation of the treatment produced a diminution in the volume of the heart which was perceptible from week to week. In the course of four months the organ seemed to have returned to its normal condition, nevertheless the palpitation recurred to a certain extent upon any sudden emotion or movement. At this time, twenty-five years after treatment, the condition of the patient is good, his palpitation occurs but seldom, and during repose it is impossible to detect anything abnormal in the condition of the heart.

The favorable action of the acetate of lead seems to be well demonstrated by this case. Several plans of treatment which had been persevered in for a length of time had completely failed; the use of the lead combined with digitalis resulted in an improvement which increased steadily. When discontinued, the disease tended to resume its former gravity when recommenced; the symptoms moderated rapidly. I desire to call attention to the fact that my patient was young. This is important, for it has been during this period of life that I have had the most fortunate results from my treatment. The reason will appear hereafter.

Case 2.—Madam X., of good constitution, had enjoyed uninterrupted health up to her 25th year. At this period domestic afflictions interrupted the harmony of her life. Brooding over her sorrows made her melancholy and morose. She became nervous and experienced sensations of palpitations which seemed to augment daily. She lost her appetite and her rest was disturbed. The cardiac symptoms became more urgent and the heart's impulse began to be felt over a large space.

The functions of the lungs were interfered with and great oppression ensued. I saw her first in this condition.

The left ventricle appeared to be largely hypertrophied and the heart's action laborious. I ordered bleeding to twelve ounces and placed the patient on demulcent drinks and the cyanic preparations. This treatment persevered in for two weeks produced no effect. The disease seemed to progress. The patient now went into the country where she remained a month. She returned worse. The action of her heart was much increased and its impulses extended over a larger surface. She had ceased to menstruate. Fifteen leeches were applied to the internal surfaces of the thighs; the blood flowed freely. A treatment similar to that first made use of was pursued for two weeks but with no good result. The pills of digitalis and lead were now ordered. She began by taking two a day. Every fifth day the dose of the pills was increased by one until the patient took six daily. Under the influence of this treatment the palpitation ceased by degrees, the space over which the heart's impulse was felt diminished, and at the end of four months the organ had returned to its normal dimensions.

The action of the lead in this case can scarcely be doubted. Demulcents and calmants with repose persevered in for three months produced no effect. Eight days' treatment with the lead produced a diminution in the volume and action of the heart. The improvement was uninterrupted, and at the end of four months all morbid symptoms seemed to have disappeared.

Case 3.—Madam G. has had five children two of which died very young. Endowed with a strong constitution she had always enjoyed good health until she had the misfortune to lose a son aged 19 years. While watching by his sick bed she took but little heed of herself, and the sleepless nights passed in the sick room during a rigorous season terminated in an attack of rheumatism from which she recovered with difficulty. Since that time she had experienced palpitation of the heart continually. Years passed, the palpitation increasing causing severe oppression which at times amounted almost to suffocation. During one of these attacks of difficult breathing I saw the patient for the first time. I had but little hope of effecting a cure; the organic lesion seemed to be too extensive; nevertheless the lead pills together with sedatives were prescribed and my astonishment was great when at the end of eight days I observed a great improvement, the usual condition of things re-established, and my patient resuming her ordinary avocations. Ten months afterwards and without any apparent cause she suffered another attack of suffocation. This was accompanied with slight œdema of the feet. I had immediate recourse to the treatment before pursued and in less than two months she was comparatively well. Since that time the patient has twice had an exacerbation of her symptoms and on each occasion the treatment has been successful in establishing the usual order of things. The last attack was so severe that I was doubtful of her recovery; there was considerable effusion into the serous cavities, which, with other symptoms, gave rise to the most serious apprehension. Diuresis was established and absorption of the effused liquid was affected,



the oppression however remained; the pills of lead and digitalis were ordered and their use continued for three weeks, when her condition was so much improved that she was able to walk to my house to thank me for the relief afforded her.

I shall confine myself to the relation of these few cases. They appear to me sufficient to inspire confidence in the efficacy of the subacetate of lead in the treatment of the affection in question. Were it necessary I could add many other cases, but it is scarcely requisite, they would only confirm the results which I have detailed. It must not however be supposed that my success had invariably been good. Let me hasten to disabuse you of this opinion. I have frequently been unsuccessful. I have on such occasions succeeded only in producing a temporary amelioration. These cases have usually been of hypertrophy of long standing, and it would only be to destroy confidence in the remedial means recommended, to make use of them in such cases with the expectation of a permanent cure. But in cases of recent hypertrophy my success has invariably been good.

It may be asked in what manner the acetate of lead acts in these cases. On this point I am forced to declare my ignorance. All that can be possibly said, judging from its direct action on the tissues, is that it determines a species of astringency which favors the contraction of the capillaries of the organ and produces an absorption of the hypertrophied molecules. When the acetate of lead, properly diluted, is applied to the skin or any other tissue, a remarkable styptic effect is seen, which is specially observable upon the buccal mucous membrane. The tissues contract and becomes rugose; it is rendered pale; and in case inflammation exists resolution follows. That which takes place in parts exposed to the eye may occur in deep seated organs. But here an objection arises. The acetate of lead has never been observed to produce any effect upon other deep seated organs of the economy affected with hypertrophy, and from this we would be led to infer that its astringent and resolute effects would be wanting in hypertrophy of the heart. This reasoning would be just and sufficient did we not know that certain agents have a specific action on certain organs. I believe firmly in the special elective action of the lead upon the heart as much as I do that mercury acts upon the salivary glands, cantharides on the bladder, or diuretics on the kidneys.

It will be understood why the operation of the medicine is more prompt and effectual in young subjects. In them the movement of the integral molecules is effected more readily; the nutritive action is much greater.

If, however, this interpretation of the effect of the remedy should meet with opposition, let me declare that I attach but little importance to it.

I thank you for the honor which you have accorded me in permitting me to communicate directly to you a few of the cases in which I have employed the sugar of lead. My object, as I stated before, has been simply to call the attention of yourselves as masters of the art of the

most important point in the therapeutic treatment of one of the gravest of diseases.—(*New Orleans Medical News and Hospital Gazette*).

NOTE.—Acetate of lead was employed by Professor Wood, in hypertrophy of the heart as far back as the year 1842, to our own knowledge. When in the Pennsylvania Hospital, we not only frequently heard him inculcate its use as a most efficient means for lessening the size of the heart, but saw it prescribed in several instances. On reference to his Practice, we find the following remarks concerning it: "I have employed acetate of lead with a view to its sedative as well as astringent action, and have seen the heart apparently diminished in size under its influence; but in order to do good, it must be continued long, being suspended when it produces any symptoms of gastric or intestinal disorder, and resumed when these have ceased."—EDITOR.

*Chloroform in Intermittent Fever.* By N. DALTON, Logan, Ohio.

Some time in September last, I visited a young athletic man, laboring under an intermittent with general visceral congestion, which seemed to menace his life. I was convinced he must die unless he was speedily relieved. For promptitude, I was induced to try the internal use of Chloroform, and gave him about two drachms with a half gr. sulph. morphine. In a few seconds he fell asleep and slept soundly; his pulse, which could not be felt at the wrist, came up to about 90, full and soft, when he awoke, and to my astonishment expressed himself perfectly well. All the unpleasant symptoms had given way, nor was the cold stage followed by any feverish reaction. This all occurred in less than an hour. I was so much pleased with its effects that I concluded to test its anti-periodic properties by risking the probability of its return. From four to five weeks elapsed before it did return, during which time, and since, I have given it in the cold stage of quite a number of cases of simple intermittent, in doses varying from one to two drachms, in a little camphor water, both alone and connected with the morphine, and in every case have had the pleasure of witnessing the same prompt arrest of the disease, and in but two cases has there been any return of the ague, and in one only has there been any feverish reaction, but all are instantly arrested. I mentioned the matter to my partner, Dr. Hoffman, who has used the Chloroform in a number of cases with the same happy results; also to Dr. Pullen, who tried it on himself, with the effect of immediately arresting the chill, leaving him to feel as well as usual after an intermittent attack; but being fearful of its anti-periodic properties, took from two to three grains of quinine the next day, and has not had a return of the ague since.

I will report more fully as soon as I can get time, possibly during the coming month. In the meantime, I hope you will lay this before your readers, in some shape, that it may be more generally tried. If found to be as serviceable in the hands of others as in ours, it will be of incalculable benefit both in relieving human suffering and in a monetary



point of view. Should it, on the other hand, serve no other purpose than so promptly to arrest those alarming and frequent fatal congestive chills, it will do much good.—(*Ohio Medical and Surgical Journal*).

*Case of Tape-worm occurring in connection with the Eating of Raw Pork.*—At the Medico-Chirurgical Society of Edinburgh, Dr. Gairdner narrated the case of a girl, at present under his care in the Infirmary, which seemed to support the views of Siebold and Kuchenmeister, as to the transformation of the *cysticercus cellulosæ*, found in the hog and other domestic animals, into the *tænia solium*. Nine yards of the tape-worm had been expelled under the action of the shield-fern oil. On inquiry, the girl admitted that she had been in the habit of eating quantities of raw pork and butcher-meat generally. This was from a peculiar liking or inclination of her own, and was not a habit contracted in consequence of the example of others. In other respects her diet had been similar to that generally in use in her station in life in Scotland. It was well ascertained, that in Scotland the occurrence of tape-worm was rare as compared with some parts of England, and very rare when compared with some European countries. It was not less unusual in Scotland to indulge in the eating of raw flesh, which practice was believed to be a frequent source of the production of *tænia*. The occurrence of *tænia* was very common in Germany, where the practice of eating raw ham was also prevalent. On the other hand, Dr. G. had reason to believe that *tænia* was rare in Holland, where the eating of raw animal food is very unusual. Dr. G. alluded to a case lately published by Dr. Crichton (*Monthly Journal*, June, 1855,) in which he had been able to trace the occurrence of *tænia solium* to the practice of eating raw meat, a practice which was common among the Lancashire operatives. Dr. G. was inclined to attribute the rarity of the occurrence of hydatids in Scotland, to the small proportion of animal food, and especially of ill-cooked animal food, used by the laboring classes. During Dr. G.'s connection, as pathologist, with the Infirmary, he had opened not fewer than 1500 bodies, and he had never met with a single case of hydatids of the liver. Two cases had otherwise come under his notice; but in his dissections at the Infirmary, he had never seen one instance of the occurrence of the *acephalocyst*. In the London hospitals a considerable number were known to occur every year.—*Edinburgh Med. Journ.*

*On the Presentations of Dead Children.*—In the Edinburgh Obstetrical Society, Dr. Matthews Duncan stated that he had recently been engaged in making experiments with a view to find out the cause of the frequent malpresentation of dead children. This fact of frequent malposition and malpresentation of dead children, had been too hastily assumed as a proof that the ordinary and favorable head-presentation was a vital action. The malposition of dead infants was thus held to demonstrate that the functions of the living child led to the frequent presentation of the head. The facts which Dr. Duncan would adduce showed that gravitation had much more to do in causing presentations than some modern writers were inclined to admit; for his experiments proved,

that the healthy non-putrid child floated in a fluid of its own specific gravity, obliquely, and with the head lowest, while a fœtus which had been some time dead generally floated in an exactly opposite position, or nearly so—namely, obliquely, with its head highest. The former position of healthy infants, was just the position it had in the womb of a healthy woman in the erect or recumbent position on the back. The latter position of dead infants, was the same reversed—that is, with the head highest instead of lowest. Of course, there were many other circumstances to be regarded in judging of the effect of this change in the specific gravity besides the change itself—for example, the period of pregnancy, and the quantity of liquor amnii, and the mobility of the child; also the shape and position of the uterus.

Dr. Duncan then adduced a series of observations on the floating of children in a putrid or not putrid state, in a solution of salt of their own specific gravity, and the positions they took up in such solution. As to the cause of the great change indicated in these experiments, he could say little. It was known that one of the first alterations taking place in a recently dead child, was the dissolution of the brain in a fluid mass. This was probably what produced the diminution in its specific gravity, and consequent buoying up in the fluid in his experiments, or in the uterus, when the change takes place.—*Ibid.*

#### *An Over-dose of Homœopathy.*

In one of our charitable institutions resided a lady of more than ordinary intelligence, not connected with the institution except as a boarder. She is a strenuous advocate of homœopathy. Some two years since, at considerable expense, she replenished her "homœopathic case." A favorite child in the establishment found her way into the room of this lady, and, as children are fond of doing, rummaged among the "baskets and boxes;" discovering some pretty little bottles, full of pretty little somethings, she began to draw the corks, child-like. Finding the little somethings nice and sweet, she continued eating them, until the lady, who was napping it on the bed, awoke, when, to her dismay, she discovered that the "little one" had transferred to her stomach ten bottles full of globules, and in her pocket she found the empty bottles. What was to be done? Only think! a little child's stomach filled with homœopathic fixings! The worthy matron of the institution, whose medical predilections belonged to quite another school, was immediately summoned, to whom was told the awful catastrophe. When asked what should be done, she coolly replied, "why, give her more, if she wants—they won't hurt her." But hours and days passed before the lady herself was satisfied that no harm was done; and glad enough was she to find that the little orphan had really lived through it. But did not such an over-dose of "medicine" vomit her? No. Nor purge her? No. Nor sweat her? No. Nor make her sleep? No. Nor make her sick in any way? No, all she wanted was more of the same sort. There was nux vomica, aconite, belladonna, cicuta, rhus, mercury, antimony, silex, oystershell, &c. The request of "let us say nothing about it," was strictly observed,



and latterly had been scarcely thought of. The injunction would not probably have been raised, was it not for the following occurrence. Within a few weeks, several cases of scarlet fever have made their appearance in the institution, and two of them proved fatal. Death threatened a third one laboring under the congestive form of that fever. He was attended by a physician of the good old stamp. One of the governors, not Governor Clark, but a man of mighty mien—not a Know-nothing in his own estimation certainly, but a—homœopath, in his diurnal visit asked after the little sufferer, the lady boarder above referred to being present. He was informed that he was no better, and that the doctor thought he would die (he did not, however, die). The old gentleman preserved his usual dignity and calmness until this announcement, when both seemed to quit him at once, as he delivered himself somewhat after the following manner: "This won't do. This won't do. This crowding down medicines in such quantities is enough to kill the children without the scarlet fever. It must be stopped. It will not do," &c. &c. After he had fairly relieved himself, the worthy matron replied in substance, that she did not know what the gentleman meant by crowding down medicine; she had seen no such crowding as he alluded to—she was certain there was nothing of the kind here; the doctor was opposed to any such treatment. Indeed, the only case in which she had ever seen, in which she thought the child had been over-dosed, occurred some two years ago. She then related the case of the ten bottles, and appealed to the lady to confirm what she had stated, adding that the servants knew all about it at the time. Confusion dumfounded darkened two faces, while victory shed a glow of light over the other. Not another word was uttered. Not a question asked. The old gentleman's visit was cut abruptly short, and for several days it was not convenient for him to repeat it.

MUM.

*New York, February 21, 1856.*[*Boston Med. and Surg. Journ.*

Abstract of Meteorological Observations for February, 1856, and for the Winter quarter ending February 29th, 1856, made at Philadelphia, Pa. Latitude 39° 57' 28" N., Longitude 75° 10' 40' W. from Greenwich. By PROF. JAMES A. KIRKPATRICK.

1856. February.	BAROMETER.		THERMOM.		Rel. Humid. 2 P.M.	Force of Vapor 2 P.M.	Dew Point 2 P.M.	Rain & Melted Snow.	Prevailing Winds.	Remarks.
	Daily Mean	Mean Range.	Daily Mean	Daily Range.						
1	29.598	.280	30.5	9.5	75	.163	29.5		Pointe. WNW.	Morning and afternoon cloudy; evening clear.
2	29.601	.072	29.0	12.5	63	.089	15.8		WNW.	Clear. Delaware River closed with ice as far as Chester.
3	29.734	.133	8.5	13.5	60	.043	-0.1		W.	Clear.
4	29.790	.056	9.0	2.8	64	.054	4.0		W.	Clear.
5	30.063	.273	12.5	3.5	69	.055	5.2		WSW.	Clear.
6	30.319	.384	17.8	5.3	73	.090	16.1		WSW.	Morning and afternoon clear; evening cloudy. Barometer highest 30.382.
7	29.794	.525	31.2	13.3	90	.183	32.3	0.738	(Var.)	Morning snow until 8, A. M.; then rain till 3, P. M.; evening cloudy.
8	29.715	.086	33.5	5.7	80	.170	30.5	0.052	(Var.)	Cloudy; afternoon and evening snow; stopped during night.
9	29.784	.091	26.3	7.2	65	.089	15.8		(Var.)	Morning and afternoon cloudy; 8½, A. M., a slight sprinkling of snow; evening clear.
10	29.987	.204	26.8	6.8	62	.127	23.7		SW.	Morning hazy; afternoon cloudy; evening clear.
11	29.687	.300	37.3	10.3	60	.172	30.8		SW.	Cloudy.
12	29.418	.454	27.7	17.0	40	.071	10.9		SW.	Morning and afternoon cloudy; evening clear. Barometer lowest 29.139.
13	29.943	.525	8.2	19.5	59	.043	-0.1		NW.	Cloudy.
14	30.022	.109	12.0	4.2	59	.055	4.4		W.	Cloudy. Thermometer lowest 2½°.
15	29.618	.401	27.7	15.7	52	.102	18.8	0.011	SW.	Cloudy; 7½, P. M., to 8½, P. M., snow.
16	29.227	.391	35.2	7.5	70	.183	32.3		(Var.)	Cloudy; morning fog.
17	29.420	.236	18.8	16.7	35	.033	-5.9		W.	Morning and afternoon cloudy; evening clear.
18	29.616	.196	17.8	6.3	61	.078	12.9		NW.	Clear.
19	29.949	.333	19.8	9.7	37	.050	3.2		W.	Morning clear; afternoon and evening cloudy.
20	29.718	.231	31.8	12.0	46	.117	21.8		WSW.	Morning and afternoon cloudy; evening clear.
21	29.629	.089	36.7	4.8	58	.155	28.3		SW.	Morning and afternoon cloudy; evening clear.
22	29.683	.062	39.8	3.5	40	.136	25.2		WSW.	Morning hazy; afternoon and evening clear. Thermometer highest 48½°.
23	29.402	.281	40.2	3.5	71	.201	31.6		SW.	Morning clear; afternoon and evening cloudy.
24	29.642	.240	34.3	5.5	55	.116	21.6		NW.	Morning clear; afternoon and evening cloudy.
25	29.602	.079	36.8	3.8	60	.133	26.6		W.	Morning clear; afternoon a few flakes of snow.
26	29.781	.193	34.3	2.5	63	.144	26.6		NW.	Cloudy.
27	29.719	.115	30.3	6.0	89	.155	28.3		ENE.	Cloudy; 10, A. M., to 4, P. M., snow; 4, P. M., rain; 8 P. M., snow; stopped
28	29.784	.117	33.2	5.2	64	.135	25.1		(Var.)	Cloudy. Delaware River closed with ice as far as Marcus Hook.
29	29.954	.169	35.0	2.5	42	.100	18.3		W.	Morning cloudy; afternoon and evening clear.
Means for 1856	29.731	.228	26.7	8.1	60	.112	18.4	1.128	N. 90° W 44-100.	
Means for Feb., 5 yrs.	29.867	.194	31.2	6.9	70	.151	26.3	2.992	N. 68° 57' W. 33-100.	
Means for the 55-6 yrs.	29.840	.232	29.3	7.0	74	.134	22.4	9.502	N. 73° 40' W 37-100.	
Means for the winter 5 yrs.	29.914	.206	31.6	6.7	75	.159	28.0	9.978	N. 59° 51' W 31-100.	

The Monthly Range of the Mercury in the Barometer was 1.243 inches, and in the Thermometer 46°.